

BRAZOS INDEPENDENT SCHOOL DISTRICT

Workshop Requisition

NAME OF EMPLOYEE _____

WORKSHOP TITLE _____

DATE THIS FORM IS FILLED OUT _____

WORKSHOP LOCATION _____

DATES _____ NUMBER OF DAYS _____

PRESENTED BY _____

PURPOSE, GOAL OR OBJECTIVE _____

TRANSPORTATION REQUEST ATTACHED: ____ yes ____ no (vehicle not needed)

COST:

Registration or enrollment fee.....\$ _____

Lodging

_____ nights @ _____ state rate per night\$ _____

Current rates located at the following website:

<http://www.gsa.gov/portal/category/100120>

ESTIMATED COST TO BE REIMBURSED:

Meals (\$36 per day for overnight travel).....\$ _____

Travel..._____ miles @ state reimbursement rate\$ _____
(only if school vehicle is not available OR preapproved)

TOTAL COST.....\$ _____

Budget Code _____

(Must be filled out)

I understand that the use of a vehicle form must be completed and approved prior to leaving and that request for reimbursement PLUS ITEMIZED RECEIPTS must be completed upon my return for reimbursement.

Requested by: _____

Supervisor: _____

Approved _____ Not Approved _____

Special Programs: _____ Date: _____

Approved _____ Not Approved _____

Directions: Have this form approved by your administrator and then email or send it in interoffice mail to central office for approval. Central office will then notify you of your approved or denied requisition.