

BRAZOS ISD
OVERNIGHT TRAVEL WITH STUDENTS REQUISITION

Date this form is filled out: _____

Destination: _____

Student Group Involved: _____

Number in Group: Males: _____ Females: _____ Sponsors: _____

Reason for Travel: _____

Number of days: _____ Dates: _____

COST TO BE PAID IN ADVANCE: *(Attach P.O. for Advanced Pay)*

Registration or enrollment fee:\$ _____

Meals: _____ persons @ _____ per meal @ _____ meals:\$ _____
(Please return a signature sheet showing receipt of money)

Lodging: _____ nights @ _____ per night @ _____ rooms\$ _____
(Please secure hotel reservation & payment with a check or P.O.)

Travel: _____ type _____ cost.....\$ _____
(van, charter, etc)

TOTAL COST:\$ _____

I understand that the use of a vehicle form must be completed and approved and that meal receipt form and hotel receipts must be returned

Requested by: _____

Supervisor's approval: _____

Superintendent: _____ Date: _____