

BELLS I.S.D. ADVANCED TRAVEL REQUEST

Group/Persons: _____

Function Attending: _____

Dates: _____

Location: _____

TRAVEL AND LODGING	TOTAL
Hotel Information:	
Hotel Phone: # of Nights Staying:	
Room Rate Per Night: % of City Tax Rate Only:	
Parking Rate Per Day: # of Days Parking:	
Mileage: # Miles x \$0.455	
Airline Information: Airfare:	
Car Rental Per Day: # of Days:	
Car Rental Company:	

EMPLOYEE MEALS								
	MON	TUE	WED	THURS	FRI	SAT	SUN	TOTAL
Breakfast (\$7)								
Lunch (\$8)								
Dinner (\$10)								
STUDENT MEALS								
	MON	TUE	WED	THURS	FRI	SAT	SUN	TOTAL
Breakfast (\$7)								
Lunch (\$8)								
Dinner (\$10)								

ORIGINATOR DATE

SUPERVISOR DATE