



# REQUEST TO ATTEND

**PEWITT CISD**

<b>DEADLINE:</b>
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Employee Payroll Name: Last, First <i>(additional names on back)</i>	Date Submitted:
Name of Conference/Workshop:	Date(s) of Event:
Location: (Hotel, Convention Center, etc.)	Each Departure Date & Time
City, State	Each Return Date & Time

### Benefits Anticipated

Reason for meeting or trip:
Requestor Signature: (Person traveling)
<b>Hotel rooms may be "Pre-Authorized" for booking in certain situations when approved by the Campus / Department Supervisor.          ALL HOTEL RESERVATIONS MUST BE RESERVED WITH SCHOOL ISSUED CREDIT CARD.</b>
<b>***Requirements for Overnight Trips – List of Attending Students and Approved Chaperones MUST be attached for final approval.***</b>

### Estimated Expenses

	Cost	Advance		Business Office Use
		Mail	Pickup	
Registration fee (Attach registration form) <input type="checkbox"/> On-line Vendor Name: _____ Address: _____				
Lodging – Hotel Name: _____ Address: _____ Room rate _____ + _____ % tax X _____ nights X _____ rooms <small>Receipt with detailed charges required</small> RESERVATION PRE-AUTHORIZATION APPROVAL _____ (INITIALS)				
Transportation: Personal vehicle _____ miles @ \$.53/mile <small>(only if district transportation is unavailable)</small> District vehicle Bus _____ Number of Buses _____ SUV _____ Number of SUV's _____ <b style="color: red;">No Charge / Transportation Requests required for all district vehicles.            If driver is needed, rate is assigned dependent upon trip.</b>	Personal			
Rental Car / Common Carrier (vendor name) _____	Common Carrier			
Meals: # of employees _____ (attach list) Per diem: \$30 per day @ _____ total days For partial days: breakfast-\$5; lunch-\$10; dinner-\$15 # of students _____ Student Limit: \$8 for all meals <b>(receipts required)</b>	Employees			
Other expenses (specify) <b>(receipts required)</b>	Students			
Total cost	\$			

### Budget Codes

Fund	Function	Object	Sub-Object	Organization	Yr	Prog Intent	Option Codes	Amount

**Attach additional sheet if necessary**

### Approval

Campus or Department: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Business Office: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature: _____	Signature: _____
Date: _____	Date: _____
Reason for disapproval:	