PAMPA INDEPENDENT SCHOOL DISTRICT STAFF TRAVEL FORM

PISD Travel Clerk will arrange for all travel paid by the district

Name				Campus:	Dept:
(On Driver's Lic) (First)	(Mid	dle) (Last	t)		
Date of Birth	Gender:	Date Requested		Time Depart: AM/I	PM Cell phone #
Destination		Date(s) of Trip		Time Return: AM/I	PM Other emergency contact #
Purpose of Trip		Objective of trip/	project		
ATTACH: CONFERI	NCE BROCHURE		To Be Completed By Secretary/Traveler	To Be Completed By Secretary & Travel Clerk	To Be Completed Upon Return
-			Estimated Costs:	Travel Advance:	Actual Costs:
Registration Separate Req.#	x		\$	Check/JPMorgan Chase	s
	Rate		*	enconia inoi gan enace	
	st X				_
#Lunch X	# Sup	per X	\$	\$ *	\$ *
# of Rooms (Include Hotel Tax)	X Room Rate		\$	\$	\$
Mileage x	.58 cents/mile (Amarillo	Airport - \$61.00)	\$	\$	s
ATTACH: ELECTRONIC MAPPING	SOURCE PRINTOUT FOR MILEAG	GE - if not Airport	<u> </u>	Ψ	*
Drive School Vehicle	Trip ID ‡		s	Journal Entry	
Airport Valet Parking NOT A		after Superintendent Approval.)x6.77_/day	¢	Direct Bill	e
Located at 10800 Airport Blvd. (On	-		φ	Direct Bill	ų.
Parking - Hotel	x		\$	\$	\$
Car Rental Yes No	х		\$	Enterprise Direct Bill	\$
Taxi/Public Transportation			\$	\$	\$
Rental Car Fuel			\$	\$	\$
Airfare			\$	\$ JPMorgan Chase	\$
Other Costs			\$	\$	\$
		TOTALS:	\$	\$	\$
				REFUND/REIMB	: \$
Acct Code:		Amount:	\$	-	
Travel			\$	4	*I certify that all meal money advanced
School Vehicle (Infofinder submitted?)		\$		to me, not refunded, was spent on allowable expenses.
Other		Total:	\$	27	allowable expenses.
Staff Requesting					Signature
		nature	Date		Date
Approval - Principal/Athletic Direct		nature	Date		
Approval - Federal Program Direc	tor				
		nature	Date	Notes:	
Approval - Superintendent/Design	ee			_	
	_	ature	Date	Description (Day 1 Day 2 Day 3 Day 4 Day 5
I HAVE READ THE PAMPA ISD TRA ALL POLICIES AND PROCEDURES			EST FORM I AGREE TO ABIDE BY	Breakfast Lunch	
				Dinner	
			Povisod 01/29/10	i e	