CONROE INDEPENDENT SCHOOL DISTRICT

Employee Travel Request

Date: _____

Vendor #: _____

Account code to be charged:

6411
Account   Budget Unit

Travel Requisitions must be entered in eFinance Plus 15 days prior to trip.

Employee _____   Campus/Department _____

Destination _____   City _____

	Date	Time	Purpose
Departure:	_____	_____	_____
Return:	_____	_____	_____
		Include am/pm	

Travel Associated Costs: *(not entered on this Requisition)*   **Comments**

Meals: = _____

$12.00 per meal to be reimbursed on Travel Recap. No meal advances.

Registration: = _____

Hotel: = _____

Employee will pay up front for hotel cost. Expenses will be added to Recap.

Funds advance requested with District issued check to hotel.

Note: Employee must provide confirmation that the hotel will accept a check prior to the event.

(Mileage Rate 0.67)

Transportation: = _____

Other: = _____

Estimated Cost of Trip: = _____   *A recap of ACTUAL expenses must be submitted within 5 days of your return.*

Reminder: A separate requisition must be entered for registration, rental cars and for district funded hotels.

Additional Comments: