

**SONORA INDEPENDENT SCHOOL DISTRICT
TRAVEL REQUEST FORM**

Pay to the Order of: _____

Event/Location: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Advancement for Meals (for overnight travel with students only):

Students: _____ Breakfasts @ \$7 _____ Lunches @ \$9 _____ Dinners @ \$10 \$ _____
PO # _____

of meals dependent on time of departure/return

Advancement for Lodging (for overnight travel with students or staff travel > 2 nights only):

Lodging: # of Days _____ @ \$ _____ per day \$ _____
LODGING PAYABLE TO _____ PO # _____

Date Vehicle Request Submitted to Bus Barn: _____

Plane Fare: _____ \$ _____
PLANE FARE PAYABLE TO _____ PO # _____

TOTAL AMOUNT TO BE ADVANCED \$ _____

Dates checks needed/other notes: _____

I have received, read and understand the travel guidelines of SISD.

Traveler's Signature Date

Approved by (Principal and/or Supervisor) Date