

**PAMPA INDEPENDENT SCHOOL DISTRICT
REQUEST FOR STUDENT TRAVEL**

See Instructions on reverse side

Campus _____ Date Requested _____

Destination _____ Date(s) of Trip _____ **Departure Time:** _____

Purpose of Trip/Contest _____ **Return Time:** _____

Level of Competition Non-district District Post District

Transportation School Bus Lease Private Vehicle

Estimated Costs:

Entry Fees	_____	X	_____	=	\$ _____
	# Students/Sponsors		Rate		
Sponsor Meals	_____	X	_____	Per Diem/Prorated Amt.	\$ _____
				(See Federal Travel Regulations or Appendix A)	
Student Meals	_____	X	_____	X \$18.00/day or \$6.00 Meal* =	\$ _____
				\$5 Bkfst, \$6 Lunch, \$7 Supper	
				*Dept. option	
# of Rooms	_____	X	_____	=	\$ _____
(Include Hotel Tax)			Room Rate		
Mileage	_____	X	_____	=	\$ _____
Lease	_____	X	_____	=	\$ _____
(Charter, Van, Trailer, Car)					
Airfare	_____			=	\$ _____
Other Costs	_____			=	\$ _____
TOTAL ESTIMATED COST					\$ _____
Account Code:	_____		Amount		\$ _____
	_____				_____
	_____				_____
	_____				_____
	_____		Total		\$ _____

Sponsor/Coach Requesting	_____	Signature	_____	Date	_____
Approval - Principal/Athletic Director	_____	Signature	_____	Date	_____
Approval - Superintendent/Designee	_____	Signature	_____	Date	_____
<p>I HAVE READ THE PAMPA ISD TRAVEL GUIDELINES AND BY SIGNING THIS TRAVEL REQUEST FORM I AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES CONTAINED IN THE PAMPA ISD TRAVEL GUIDELINES.</p> <p align="center">http://www.pampaisd.net/CarverCenter/Business/BusinessDocs/PISDTRAVELGUIDELINES.pdf</p>					

Business Office Use Only	<input type="checkbox"/> Approved	Total Approved	\$ _____
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