

DIP/CIP
 GOAL _____
 OBJ. _____
 STR. _____

Karnes City Independent School District
TRAVEL REQUEST FORM
 For Government Allocations visit: <https://www.gsa.gov/travel-resources>



NAME: _____

Campus Name _____

DATE	DESTINATION AND PURPOSE OF TRAVEL	NO. OF MILES

REGISTRATION FEE

Payable To: _____ Amount: _____

TRANSPORTATION

_____ Fuel Expense _____ Estimated Expense _____ =\$ _____
 _____ Airplane: One-Way _____ Round-Trip _____ Tax _____ =\$ _____
 _____ Rental Car Name _____ # days _____ @ \$ _____ =\$ _____
 _____ Personal Auto _____ # of Miles _____ @ \$ _____ =\$ _____
 _____ Charter Bus _____ Estimated Expense _____ Paid _____ =\$ _____

LODGING

Hotel Name _____ # Nights _____ @ _____ + Fees _____
 Not to exceed Federal Domestic Maximum Allowance based on locality or city - Less State Tax 6.075% + Tax _____
 Hotel Parking # of Days _____ @ _____ \$ _____ **Hotel Total** = _____

MEALS

75% DAILY ALLOWANCE First Day and Last Day based on GSA

Date/Day 1	\$	Date/Day 4	\$
Date/Day 2	\$	Date/Day 5	\$
Date/Day 3	\$	Date/Day 6	\$

Total Meal Requested =\$ _____

Account #	Total Amount:
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STIPEND

(Full Day \$100.00/Half Day \$50.00)

Number of Days _____ X \$100.00 = \$ _____ Number of Days _____ X \$75.00 = \$ _____

Account #	Total Amount:
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I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that I am responsible for providing all required receipts and meal settlement form.

 Requester's Signature / Date

 Administrators Signature /Date

 Superintendent's Signature / Date

 Chief Financial Officer Signature / Date

Supporting documentation must be printed and attached. Once approved, individual purchase order requisitions must be prepared and attach this form to the employee's Meal Request Form if applicable.