

Travel Advance Request/Staff/Workshops

Date Submitted		<div style="border: 1px solid black; padding: 10px; background-color: #f0f0f0;"> <p>Staff/Workshop</p> <p>2016-2017</p> <p>IMPORTANT NOTICE By signing and submitting this form you agree that the expenses will be paid by the funds indicated on this form.</p> </div>	
Site Name			
Traveler Name			
Destination			
Estimated Total Trip Time			
Departure Date			
Return Date			
Estimated Total Miles			
Trip Expenses Paid By:	Activity___General___Athletic___Title___Sp Ed___Other___		
Principal Signature			
Traveler Signature		Date Signed	
Approval Signature		Date Approved	

Actual Expenses (To be Completed by Transportation)

Type of Expense	Description of Expense	Total Miles	Cost per gal	Total Expenses
Mileage	Starting Mileage_____ Ending Mileage_____			\$