LONGVIEW INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST (To be filed at least 30 days in advance of the requested travel)

NAME			CAMPUS	Last 4 Dig	gits of \$\$ a	#
HOME ADDRESS			TITLE OF CONF/MEETIN	G (DO NOT	T ABBREV	IATE)
CITY, STATE, ZIP		(CIRCLE ONE)	LOCATION: (CITY)			(CIRCLE ONE)
TRAVEL DATES & TIME LEAVING		am/pm	то			
BUDGET CODE TO BE CHARGED:	OTHER ATT	ENDEES:*	34			57.5
TRAVEL						819.
REGISTRATION				•		
ANTICIPATED EXP		1	<u>ACTUAL E</u>	XPENSES		
(PLEASE PROVIDE APPROPRIATE SUPPORTING DOCUMENTS)		(P	LEASE PROVIDE APPROPRIAT	E SUPPORTING	G DOCUME	NTS)
REGISTRATION		(REQUIRE	D ON-SITE REGISTRATIO	N ONLY)		
* LODGING		NUMBER (OF NIGHTS	_		
** TRANSPORTATION		MILEAGE	@ \$.625	1_		
*** MEALS		COMPLET	E FORM ON BACK OF TH	IIS PAGE		
MISCELLANEOUS		SPECIFY				
TOTAL ADVANCE REQUESTED			TOTAL ACTUAL	EXPENSES _		
* 2 PERSONS PER ROOM	See mileage			<u> </u>		
** 4 PERSONS PER CAR	schedule on	l i	ESS AMOUNT ADVANCE	D (@ LEFT))11
*** exclude pre-paid/provided meals reverse side			AMOUNT DUE	CLAIMANT		
			AMOUNT REFUNDED TO	O DISTRICT	()
PRINCIPAL/DEPT HEAD	DATE					
ACCT CHOT OHICINICS			SIGNATURE OF CLAIMENT		C	DATE
ASST. SUPT. BUSINESS DATE		ASST. SUPT. BUSINESS				DATE
DEPUTY SUPT.	DATE		7337.337.1.00314233		;=	'AIE
I understand that I will be pro- district travel prior to departure all receipts required to substan- not substantiated by receipt, re Longview Independent School to substantiated by receipt within	e. I further undersintiate expenditure of eturn within that sa District to deduct fr	tand that I of the total me 10 day om my ne	must submit, within amount of the trave period. By my sign at regularly schedule	10 busine el advance nature belo	ess days e, and fo ow, I aut	of return, or any sum shorize the
SIGNATURE OF CLAIMANT	- \ 		DATE			-

LONGVIEW INDEPENDENT SCHOOL DISTRICT

PLEASE USE THE FOLLOWING ROUND TRIP MILEAGE FIGURES:

AUSTIN	544	miles	\$ 340.00
BRYAN-COLLEGE STATION	412	miles	\$ 257.50
CORPUS CHRISTI	864	miles	\$ 540.00
DALLAS	260	miles	\$ 162.50
DFW AIRPORT/FT. WORTH	326	miles	\$ 203.75
FRISCO	306	miles	\$ 191.25
GALVESTON	520	miles	\$ 325.00
HOUSTON	426	miles	\$ 266.25
KEMAH	466	miles	\$ 291.25
KILGORE	26	miles	\$ 16.25
LUFKIN	180	miles	\$ 112.50
MESQUITE	236	miles	\$ 147.50
NACOGDOCHES	142	miles	\$ 88.75
SAN ANTONIO	702	miles	\$ 438.75
SHREVEPORT	112	miles	\$ 70.00
TEXARKANA	180	miles	\$ 112.50
TYLER	78	miles	\$ 48.75
WACO	378	miles	\$ 236.25

Mileage figures are from Rand McNally website:

www.randmcnally.com

If you do not attach a copy of a mileage sheet from a "search engine" Google, Yahoo Maps, etc. please use this chart above.

NOTE: Mileage on the Rand McNally website is 1-way, so double the value if round trip. (Please round values to the nearest whole mile).

Complete the meal chart below which indicates the maximum advanced reimbursement allowed. Meals are reimbursed at actual costs not to exceed \$54 a day. **See 2022-23 Travel Procedures for Students Meal Allowances**

BREAKFAST \$14.00	LUNCH \$16.00	DINNER \$24.00	TOTAL PER DIEM AMOUNT
			\$
	<u> </u>		\$
	· · · · ·		\$
	•		\$
			\$
			\$
			\$

ACTUAL AMOUNT SPENT PER DAY		
\$		
\$		
\$		
\$		
\$	are an experience	
\$		
\$		

TOTAL AMOUNT \$

4		
14		

<u>REMINDER:</u> Do not request an advance for a meal that is provided by the hotel or conference. If meals are provided, these meals will not be reimbursed, even if you choose not to eat.

**I CERTIFY THAT THE ACTUAL AMOUNTS SPENT ON MEALS LISTED ABOVE ARE TRUE AND CORRECT. IF ACTUAL COSTS ARE LESS THAN THE ADVANCED PER DIEM, UNSPENT FUNDS MUST BE REIMBURSED TO THE DISTRICT. MY SIGNATURE BELOW AUTHORIZES LONGVIEW INDEPENDENT SCHOOL DISTRICT TO DEDUCT FROM MY NEXT REGULARLY SCHEDULED PAYCHECK THE AMOUNT OF UNSPENT FUNDS.

Traveler Signature	