



Date: \_\_\_\_\_

# REQUEST FOR TRAVEL ADVANCE

NAME: _____ (Team, club or organization)	CAMPUS: _____
for _____ (purpose of trip)	is going to _____ (city, place)
	on _____ (dates of travel)

### BRIEF ESTIMATE OF EXPECTED EXPENSES

#### LODGING

Include local/city tax.  
Exempt from state  
occupancy tax only.

	X		X		=	
number of rooms		number of days		cost per day		Total

#### MEALS

District Allowance for Meals

**\$10.00 Staff and \$7.00 Students**

	X		X		=	
number of staff		number of meals		cost per meal		Total

	X		X		=	
number of students		number of meals		cost per meal		Total

REGISTRATION FEE (Send Forms) \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \_\_\_\_\_

### CHECKS MADE PAYABLE TO NAMES NOTED BELOW:

Date needed	Motel	Amount	Account Code
Date needed	Meal Money(Your name)	Amount	Account Code
Date needed	Registration	Amount	Account Code

**All travel expenses MUST be documented on a BISD Expense Report, including those covered by this advance**  
**RECEIPTS ARE REQUIRED**  
Expense reports are **DUE WITHIN 3 DAYS OF RETURN** from this trip.

**Account Code MUST be filled in or the request will be returned.**

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Principal/Director Signature

\_\_\_\_\_  
Administrative Approval