

Riviera ISD
Advance Travel Request

Note: Attachments Required
Flyer, list of students

Account Code(s)

Name of Employee: _____ Campus: _____

Date & Time of Departure: _____

Date & Time of Return: _____

Destination/Purpose of Travel: _____

Number of Students: _____

Number of Adults: _____

TOTAL EXPENSES

	Estimated
Mileage _____ @ \$0.345 (Personal Vehicle only)	\$ _____
Estimated other travel expenses:	
Meals.....	\$ _____
Hotel/Motel.....	\$ _____
Other/Parking.....	\$ _____
Totals.....	\$ _____

*Meal Reimbursement not to exceed:

	<u>Adult</u>	<u>Student</u>
Breakfast	\$ 7.00	\$ 5.00
Lunch	\$ 8.00	\$ 5.00
Dinner	\$15.00	\$ 5.00

Signature of Employee Date

Signature of Supervisor Date

Business Manager Date

To avoid delay of payment, complete this form in its entirety.