

BOOKER INDEPENDENT SCHOOL DISTRICT

Student Travel Request

Organization: _____

Purpose of Trip: _____ Destination: _____

Date of Departure: _____ Return: _____ Departure Time: _____ Return: _____

Professional Staff and Sponsors:

IN REGION

_____	x _____	x \$ 8.00 Breakfast (must leave by 6:00 a.m.)	\$ _____
No. of Adults	# of Meals per adult		
_____	x _____	x \$10.00 Lunch (must be gone 6 hours or more)	\$ _____
No. of Adults	# of Meals per adult		
_____	x _____	x \$12.00 Dinner (must conclude after 7:00 p.m.)	\$ _____
No. of Adults	# of Meals per adult		

OUT OF REGION

_____	x _____	x \$10.00 Breakfast (must leave by 6:00 a.m.)	\$ _____
No. of Adults	# of Meals per adult		
_____	x _____	x \$15.00 Lunch (must be gone 6 hours or more)	\$ _____
No. of Adults	# of Meals per adult		
_____	x _____	x \$20.00 Dinner (must conclude after 7:00 p.m.)	\$ _____
No. of Adults	# of Meals per adult		

Students: (PLEASE ATTACH A LIST OF PARTICIPATING STUDENTS)

(If breakfast is provided with lodging please do not include)

_____ x _____ x \$ 7.00 per meal **DISTRICT CONTEST MEALS** \$ _____
No. of Students # of Meals per student

_____ x _____ x \$10.00 per meal **BEYOND DISTRICT MEALS** \$ _____
No. of Students # of Meals per student

TOTAL AMOUNT OF ALL MEALS: \$ _____

Payment Preference:

- Cash** (please indicate choice): ___ individual/meal ___ individual/daily ___ lump sum/daily ___ total lump sum
 Check (List name of business): _____
 Credit Card (List name of business): _____
 Charge (List name of business): _____

Other: _____ Cash Check Amount: _____
(Description: registration, entry fees...) Pick-up with travel Mail in advance

Payable to: _____

Address: _____

Budget code: _____

Teacher / Sponsor Signature: _____ Date _____

Dept. Director Approval: _____ Date _____

Principal Approval: _____ Date _____