

**Columbus Independent School District
Request to Attend Professional Meeting**

Name _____ Date _____

School _____

Name of Meeting _____

Location of Meeting _____

Purpose _____

Meeting Dates _____

Estimation of Expenses

*Mileage Reimbursement (.555 cents per mile) _____

Hotel (Maximum = State of Texas Travel Chart or \$77.00 + Meal \$) _____
Meal Money may offset additional costs.

*Meals (\$46 per day – Amt. Used for Hotel) _____

Registration (Check One)

____ Purchase Order – Invoice will be paid when received by the District.

(P.O. Number - _____)

____ Request for Payment- Filled Out Below for Vendors Not Accepting PO) _____

***Other Expenses (List)**

Total Estimated Expense _____

*Reimbursed Upon Return to CISD with Receipts.

Request for Payment

Registration (for vendors not accepting PO) ***Hotel*** _____

Pay To: _____

Pay To: _____

Amount: _____

Amount: _____

Account Code: _____

Requested By: _____

Supervisor/Principal _____ **Date:** _____