WEATHERFORD INDEPENDENT SCHOOL DISTRICT REQUEST TO TRAVEL

Name of employee							
Purpose of Travel							
Title of Workshop/S	eminar						
Destination							
Departure		Date _		_ Ti	me	AM	PM
Return		Date _		- Ti	me	AM	PM
					Estimated Expenses		tual enses
Mileage (number of	miles):		@	0.565		┙┕	
Other Transportatio	n:			_		┙┕	
Lodging (attach rece	eipt)	number of nights	@ per night*			_	
Meals Breakfast Lunch Dinner Total		not to exceed \$10.00 \$12.00 \$24.00		Number			
Other Expenses:							
Total Expenses						J <u> </u>	
Budget Account	Code	_					
Budget Account	Code	_					
Budget Account	Code	_					
Signatures			D-1-	Т	modiate Corre	and gon	
Signature	Employ	ee	Date	±mι	mediate Super	visor Da	ate
DISHACALE	Grant	Coordinator	Da	te			