LINDALE INDEPENDENT SCHOOL DISTRICT
Sponsor & Student Travel Expense Form

Traveler _____   Campus _____ Phone EXT. _____

Purpose of Travel _____

Destination of Travel _____

Date of Departure: _____   Time: _____

Date of Return: _____   Time: _____

==*Attach a list of Sponsors & Students for Meals & Hotel Lodging*==

MILEAGE: ==**Attach Mapquest.com mileage docum.(PERSONAL VEHICLE ONLY/SCHOOL VEHICLE NOT AVAILABLE)**==
Mileage Round Trip _____ @ _____ = _____

MEALS:
CHECK____
C.CARD____

Attach Meal Money Receipt Sign-Off Form (IF CHECK). Keep a copy, obtain signatures, documenting receipt of cash. Submit to the business office within 5 days of return.

EMPLOYEES				STUDENTS			
Breakfast #	_____ @	10.00 =	_____	Breakfast #	_____ @	10.00 =	_____
Lunch #	_____ @	15.00 =	_____	Lunch #	_____ @	12.00 =	_____
Dinner #	_____ @	20.00 =	_____	Dinner #	_____ @	15.00 =	_____

Total Employee Meals _____   Total Student Meals _____

LODGING: ==**MINIMUM 2 EMPLOYEES PER ROOM WHEN MORE THAN 1 EMPLOYEE TRAVELER**==

HOTEL NAME: _____   **HOTEL ADDRESS:** _____

Nights	Rooms	Room Rate	Total
		Sub-Total	
	City Tax (enter as decimal i.e. .08)		
		Parking	
		Total Hotel Charges	

==****call hotel for city tax amount**==

OTHER EXPENSES   (List and attach receipts)

_____   _____

_____   _____

Total Expense Claimed _____

Submitted by _____   Budget Code _____

Date Requested _____ Date Needed _____   Business Office Approval _____

Principal or Department Director Approval _____   Director of Finance Approval _____

Revised 08/2025