

WELLMAN-UNION ISD
Travel Requisition

Name of Employee _____

Date _____ Date Needed _____

Purpose of Request _____

Make Check Payable To: _____

Inclusive Dates of Travel _____

MEALS – Paid at the following rates:
\$ 9.00, \$12.00, & \$15.00, \$36.00 per day maximum.
Itemize Meals Requested:

TOTAL MEALS _____

LODGING - \$85.00 per night maximum.
Itemize Lodging Requested:

TOTAL LODGING _____

REGISTRATION FEES – Actual Fee Paid.

TOTAL FEES _____

OTHER
Itemize:

Total Requested _____ Principal's Approval _____

Superintendent's Approval _____ Date _____