

GILMER INDEPENDENT SCHOOL DISTRICT TRAVEL WORKSHEET

(Must be completed and submitted at least 30 days prior to travel.)

Employee Name: _____ Campus: _____

Date of Travel: _____ Destination: _____

Name of Meeting: _____

Purpose: _____

Estimated Expenses:

Date	Description	Estimated Amount
	Lodging: nights X \$	\$
	Meals:	\$
	Mileage:	\$
	Registration:	\$
	Other:	\$
		\$
		\$
		\$
		\$
	Total Estimated Expense	\$

Budget Account to be Charged: _____

Requested by: _____ (Employee) Date: _____

Approval: _____ (Budget Mgr.) Date: _____
