

Creston School Travel Request

Name _____ Date _____

Destination _____

Purpose of Trip _____

Date of Departure _____ Time of Departure ____ AM ____ PM

Date of Return _____ Time of Return ____ AM ____ PM

Substitute Needed? ____ Yes ____ No Number of Days _____

Passengers _____

Type of Vehicle ____ District Car ____ Suburban ____ Bus ____ Personal Car

Estimated Expenses Food \$ _____ Lodging \$ _____

Transportation Mileage Total _____ Misc. \$ _____
(parking, registration, etc.)

I have read the Reimbursement for Travel Expenses Procedure on the reverse side.

Signed_____
Date

Approved _____

Not Approved _____

Signed_____
Date

School Vehicle Assigned _____

Vehicle Not Available _____