

# BOOKER INDEPENDENT SCHOOL DISTRICT

## Student Travel Request

Organization: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Return: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return: \_\_\_\_\_

### Professional Staff and Sponsors:

Optional Manual  
Calculation

#### IN REGION

_____ x _____ x	\$10.00 Breakfast (must leave by 6:00 a.m.)	\$ _____	\$ _____
No. of Adults # of Meals per adult			
_____ x _____ x	\$15.00 Lunch (must leave before 11:00 a.m.)	\$ _____	\$ _____
No. of Adults # of Meals per adult			
_____ x _____ x	\$18.00 Dinner (must conclude after 7:00 p.m.) (and must leave prior to 4:00 p.m.)	\$ _____	\$ _____
No. of Adults # of Meals per adult			

#### OUT OF REGION (Competition Beyond Region only)

_____ x _____ x	\$12.00 Breakfast (must leave by 6:00 a.m.)	\$ _____	\$ _____
No. of Adults # of Meals per adult			
_____ x _____ x	\$20.00 Lunch (must leave before 11:00 a.m.)	\$ _____	\$ _____
No. of Adults # of Meals per adult			
_____ x _____ x	\$25.00 Dinner (must conclude after 7:00 p.m.) (and must leave prior to 4:00 p.m.)	\$ _____	\$ _____
No. of Adults # of Meals per adult			

### Students: (PLEASE ATTACH A LIST OF PARTICIPATING STUDENTS)

(If breakfast is provided with lodging please do not include)

\_\_\_\_\_ x \_\_\_\_\_ x \$10.00 per meal **DISTRICT CONTEST MEALS** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
No. of Students # of Meals per student

\_\_\_\_\_ x \_\_\_\_\_ x \$10.00 per meal **BEYOND DISTRICT MEALS** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
No. of Students # of Meals per student

**TOTAL AMOUNT OF ALL MEALS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

### Payment Preference:

Cash (please indicate choice): individual/meal individual/daily lump sum/daily total lump sum

Check (List name of business): \_\_\_\_\_

Credit Card (List name of business): \_\_\_\_\_

Charge (List name of business): \_\_\_\_\_

Other: \_\_\_\_\_ Cash Check Amount: \_\_\_\_\_  
(Description: registration, entry fees....) Pick-up with travel Mail in advance

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Budget code: \_\_\_\_\_

Teacher / Sponsor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dept. Director Approval: \_\_\_\_\_ Date \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date \_\_\_\_\_

Please print on WHITE paper only.

Revised 06/12/23