

Iraan-Sheffield Independent School District
Request for Funds
(Student Travel)

Check Payable To: _____

Requisite Date of Advance: _____

Organization: _____

Purpose of Expenditure: _____

Registration/Entry Fees _____

Lodging

	Name of Hotel				
# male students _____					
# female students _____	# rooms	# nights	per night		
# adult sponsors _____	<i>School Policy: 4 students of same gender per room; at least 2 adult sponsors per room.</i>				
# bus drivers _____					

Meals _____ # of students _____ # meals
 _____ # of sponsors

School Policy: \$8.00 per meal per student / \$12.00 per meal per sponsor

Other Expenses: (Please list ... Receipts are required)

TOTAL AMOUNT OF FUNDS REQUESTED _____

****Upon return, you must provide verification of trip expenses and a list of students and sponsors.****

Employee	Date	Principal/Director	Date
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Account Distribution: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Account Distribution: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____