

GLEN ROSE ISD STUDENT GROUP TRAVEL FORM

*****INCLUDE A LISTING OF STUDENTS & SPONSORS*****

STUDENT GROUP _____ NAME OF EVENT _____
 LOCATION OF EVENT _____ DATE _____

REGISTRATION FEES:

Make Ck. Payable To _____

No. _____

Each _____

ESTIMATED COST
FOR FEES:

TOTAL \$ _____

**COMPLETE AFTER
RETURN FROM
TRIP**ACTUAL COST FOR
REGISTRATION
FEES: \$ _____**LODGING**

Hotel Name _____

ESTIMATED COST
FOR LODGING

TOTAL \$ _____

ACTUAL COST FOR
LODGING FEES:

\$ _____

No. Rooms _____

Room Rate
(Include City Tax) _____

#Nights _____

Acct# _____

MEALS:

TOTAL STUDENTS _____

TOTAL ADULTS _____

WEEK
DAY

8.00

10.00

12.00

WEEK
DAY

9.00

12.00

15.00

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTALS

TOTALS

Acct# _____

(C) ESTIMATED COST FOR MEALS \$ _____

ACTUAL COST FOR
MEALS

\$ _____

MISC. FEES \$ _____

(D) _____

Acct # _____

TOTAL FUNDS ADVANCED (A)+(B)+(C)+(D) \$ _____

FUNDS REQUESTED BY:

APPROVED BY:

COMPLETE THIS PORTION AFTER RETURNING FOR TRIP. ACTUAL COST OF TRIP \$ _____

TOTAL OF ADVANCED FUNDS SPENT:

\$ _____

TOTAL FUNDS RETURNED TO SCHOOL:

\$ _____

ADDITIONS FUNDS REQUESTED:

\$ _____

I CERTIFY THIS IS A TRUE AND ACCURATE ACCOUNTING OF ALL FUNDS FOR THIS REQUEST.

SIGNATURE _____

DATE _____