

Advanced Check Request Overnight Travel

(Must be accompanied by a Purchase Order)

Office Use Only

Date Received @ Business Office: _____

Name of Requestor: _____

Date Requested: _____ Destination: _____

Signed by Supervisor: _____

Date Checks Needed: _____ **Turn in request by 3:00 p.m. Tuesday prior to Friday Check cycle.**

Purpose: _____

You will not receive a check if dates and times (including am/pm) are not included!

Choose One

Depart from Dimmitt Date: _____ Time: _____ a.m. _____ p.m. _____

Return to Dimmitt Date: _____ Time: _____ a.m. _____ p.m. _____

Please have a personal credit card available in case the amounts exceed the amount of the checks.

*******ALL Receipts and unused funds must be returned to the business office within 3 days of return.*******

MEALS:

Purchase Order #: _____

For Meals: Name: _____ Amount: _____

		MEALS: NO Students		Students		
Breakfast:	\$	10.00	\$	5.00		If Depart time is before 7 a.m.
Lunch	\$	12.00	\$	6.00		If Depart time is before 12 noon
Dinner	\$	14.00	\$	10.00		If Arrival time home is after 7 p.m.

MISCELLANEOUS EXPENSES:

Taxi/Shuttle: _____ Airport Parking: _____

Other: (explain) _____

Miscellaneous Amount: \$ _____

Total Amount of Disbursement of Funds Requested: (Miscellaneous & Meals) \$ _____.

REGISTRATION FEES:

Purchase Order #: _____

Vendor Name: _____ Amount: \$ _____

HOTEL

Purchase Order #: _____

Hotel Name: _____

Number of people in room: _____ Number of Rooms: _____

Number of nights: _____ @ _____ per night

Amount: \$ _____ (not including state sales tax)

Hotel Parking \$ _____ (Include Parking)

Ask the hotel to fax an invoice to the business office prior to this request for a check