

ASB TRAVEL ADVANCE REQUEST

DATE OF TRIP _____ DESTINATION _____ SCHOOL _____

ACTIVITY _____ CLUB ADVISOR _____

PURPOSE OF TRIP _____

ADVANCE REQUESTED:

MEALS: 1. Meal Allowance Method

# of Meals	# of students/ advisors		\$	\$
	X		Breakfast @ \$	
	X		Lunch @ \$	
	X		Dinner @ \$	
TOTAL (Item A)				\$

OR

2. Actual Expense Method - estimate of actual meal cost \$ _____

LODGING: Estimate of actual lodging cost \$ _____

TRANSPORTATION: Estimate of actual cost if not using District gasoline credit card. (Save receipts or document miles driven for reimbursement.) \$ _____

OTHER: Explain _____ \$ _____

TOTAL ADVANCE REQUESTED \$ _____

ASB ADVISOR APPROVAL _____

ASB STUDENT REPRESENTATIVE _____

ACCOUNT NUMBER _____

IMPREST CHECK NO. _____ DATE _____