

ATHLETICS

CONFERENCE/TRAVEL REQUEST FOR STAFF AND/OR STUDENTS

Requestor(s) _____ **Date of Application:** ___ / ___ / 20___

Team/Group _____ **Varsity / Jr Varsity / Jr High / RES**

Event Type SCRIMMAGE / TOURNAMENT / POST-SEASON / OTHER - _____

Purpose _____ **Date(s) of Event:** _____

Venue _____ **City/State** _____

APPROXIMATE COST:

Registration:

Fees for Registration: \$ _____

Registration Date: ___ / ___ / 20___ Confirmation # _____

___ Check here if Transportation Office is to complete the registration process.

If payment is being requested, please attach the instructions for the registration process and complete the requisition (on back).

Transportation:

School Vehicle Needed? YES / NO

Number of Students _____ No. of Adults _____

Departure Date ___ / ___ / ___ Depart Time _____

Return Date ___ / ___ / ___ Return Time _____

Required Meal Stop YES / NO

Estimated Mileage (for reimbursement on use of personal vehicle) _____

\$ _____

Transportation costs will be determined by the Transportation Office

Place Date Stamp Here

Place Date Stamp Here

Substitute(s): _____ @ _____ Days (\$100/day) \$ _____

Food Services:

Number of Sack Lunches _____

Number of Meals _____ at \$ _____ / meal \$ _____

Room: _____ Days x Rate \$ _____ \$ _____

Board: _____ Days x \$25.00/Day \$ _____

Incidental Costs: _____ \$ _____

TOTAL ESTIMATE OF COSTS: \$ _____

FUNDING:

	Registration	Transportation	Food	Room
Athletics	_____	_____	_____	_____
Boosters	_____	_____	_____	_____
General Fund	_____	_____	_____	_____
Other (_____)	_____	_____	_____	_____

I certify that the above is an estimate of necessary expenses to be used for the meeting indicated. I also agree that upon return from this meeting I will submit an itemized, verified statement of expenses (with receipts attached for lodging, meals, incidentals, etc.) actually incurred as per the policy of the Reynolds School District.

APPROVED BY:

Athletic Director _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent _____ Date _____

____ Supervisor of Transportation ____ Superintendent's Secretary ____ Administration Secretary

Reynolds School District Requisition Form

Vendor		Date	
ATTN:		Need By	
Address		Office use	
City		P.O. #	
Phone		Vendor #	
Fax		ASA	

The Reynolds School district does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national origin of its educational or employment polices

Quantity	Stock #	Description	Unit price	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
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				\$
				\$
				\$
Complete with the latest catalog information, date, part number, and prices. Also include any special instructions, e.g., Customer pick up vs. delivery			Total	\$
			Shipping	\$
			Grand total	\$

Signature **Date**

Requested by		
Supervisor Approval		
Business Manager		
Superintendent		
OFFICE USE ONLY	Budgeted Item:	
	Non Budgeted Item:	