

**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** \_\_\_\_\_

**DISTRICT 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).**

**Miscellaneous Costs:**

Meal Stops / Cash Advance / Other \_\_\_\_\_: \$ \_\_\_\_\_

**Transportation:**

School Vehicle Needed? YES / NO (*Use of Personal Vehicle must be approved*)

Number of Students \_\_\_\_\_ No. of Adults \_\_\_\_\_

Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Depart Time \_\_\_\_\_

Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Time \_\_\_\_\_

Costs to be determined by  
Central Administration

Place Date Stamp Here

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Place Date Stamp Here

**Number of Buses:** \_\_\_\_\_ \$ \_\_\_\_\_

**Est. Mileage for Personal Vehicle:** \_\_\_\_\_ \$ \_\_\_\_\_

**Substitute(s):** \_\_\_\_@ \_\_\_\_Days (\$\_\_\_\_/day) \$ \_\_\_\_\_

**Food Services:**

Number of Sack Lunches \_\_\_\_\_ \$ \_\_\_\_\_

**Room:** \_\_\_\_\_Days x Rate \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Board:** \_\_\_\_\_Days x \$25.00/Day \$ \_\_\_\_\_

**TOTAL ESTIMATE OF DISTRICT 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 \_\_\_\_\_ Administration Secretary

