NORTH ZULCH ISD
2026-27 STUDENT TRAVEL EXPENSE REPORT

MUST OBTAIN TAX EXEMPT CERTIFICATE PRIOR TO THE TRIP OR STATE TAXES BECOME REQUESTOR'S RESPONSIBILITY

NAME:_____DATE OF EVENT:_____

EVENT NAME:_____

DESTINATION:_____ PURPOSE OF TRIP_____

NUMBER OF PEOPLE TRAVELING: STUDENTS _____ STAFF _____ NON-STAFF(CHAPERONES)_____

ESTIMATED DATE AND TIME OF DEPARTURE: _____ ARRIVAL: _____

❒ LODGING – Per night $_____x #DAYS_____ x #Rooms _____ =_____**TOTAL**

Lodging must NOT include State Tax (it will include local hotel tax)

MEALS & OTHER EXPENSES – *MUST have DETAILED receipts – TIPPING is allowed up to 18%*

❒ STAFF MEALS Estimate Up to $51.00/DAY x #STAFF _____ x #Days _____ = _____

❒ STUDENT MEALS Estimate Up to $35.00/DAY x #STUDENTS_____ x #Days_____ = _____

❒ TOLLS & PARKING (REQUIRES TICKET STUBS) = _____

❒ OTHER MISC. (LIST) _____ = _____

_____ = _____

TOTAL EXPENSES = _____

❒ SCHOOL CREDIT CARD CHARGES (NAME ON CARD) _____ = _____

❒ PERSONAL REIMBURSEMENT = _____

PRINCIPAL, AD, OR SUPERVISOR SIGNATURE IS REQUIRED BEFORE SENDING TO BUSINESS OFFICE.
SUPERINTENDENT SIGNATURE IS REQUIRED BEFORE PROCESSING ANY PURCHASE ORDER OR PAYMENT.

_____ _____
PRINCIPAL, AD, OR SUPERVISOR DATE

_____ _____
SUPERINTENDENT DATE

RETURN THIS COPY WITH THE FOLLOWING:
ALL RECEIPTS TAPED ON PAPER * CREDIT CARD USED