

HISD OUT OF STATE TRAVEL PROCEDURES



Date of Request: 9-11-25
Include supporting documentation (use reverse side if necessary). Submit all materials to the Principal a minimum of 45 days <u>prior</u> to the field trip.
Hallsville East 4th grade students
Destination(s): SciPort - Shrweport, LA
Brief Description of the Educational Learning Experience: Sci-Port offers a widl varily of galleries and exhibits, STEM adventures, IMAX films, Plantetarium Programs, and many other engaging visual and hands- on experiences for students
Travel Dates: 10-9-25
What is the total number of days staff will be absent from school?
Number of HISD staff who will be absent from school: 127
Requesting Teacher's Signature Principal's Signature
Superintendent's Signature of Approval Board President's Signature

	REQUEST TO ATTEND	RTA Must be approved before any funds are committed.
Instructions: A "Request to Attend" form must be submitted indicate transportation (mileage), meals, lodging, registration numbers for travel expenses. All forms require the signature date of event and before any funds are expended.	ed for approval any time a staff member plans to b in fees, etc. if applicable. Every completed form m	e out of the district on school business. Please oust include district/campus budget account
Name/Position:Boone Lauren	Principal	Date: 09/15/2025
Campus: East Elementary		
Departure Date: 10/09/2025 Time: 8:15 AM	Return Date:10/09/2025 Time: 3:00	PM
Name of Conf/Location: SciPort	Shreveport,L	A
Have you attended this conference/training before? Yes	If yes, when?	
Will Substitute be needed: No	If yes, how many days:	
Travelling out of state? Yes	(If yes, Board approval is needed)	
School vehicle reserved? Yes	Reservation Form HERE	
Students Travel Info Total Number of Students 11		Students allowed \$12 per meal
Complete number of meals: Breakfasts: 0 Lunches: 0	Dinners: 0 Total Student Cost for	Meals: 0.00
I choose meals to be: N/A-Enter 0 in meal fields		
Employee Meals Advanced - W/NO Receipts-\$40 /Day-\$10	Breakfast:\$12 Lunch\$18 Dinner	
Meals Reimbursed (at return w/ itemized receipts) \$55 / Dafunds require reimbursement only)		ral Breakfast may not be advanced or reimbursed if served at hotel for free.
Complete number of meals: Breakfasts Lunches:	Dinners: Total Cost for Emp Me	eals: <u>0.00</u>
Transportation (only if school vehicle is not available) (Mileage for miles)		\$
Rental Car- \$40 a day, unlimited mileage. Mon-Sat Pick-up		
***MUST USE over employee reimbursement when cheaper.		\$
Parking - not advanced (can be charged on \$ Travel card)		\$
Hotel Name: (Best value should be o	considered for the district) List 3 Hotel Options N	lay book hotel after approval
(1) Hotel Name:	Hotel #1 Total:	
(2) Hotel Name:	Hotel #2 Total:	
(3) Hotel Name:	Hotel #3 Total:	Chosen Hotel Total \$
Registration (attach copy of registration form for the class of		\$ \$ 1170.00
Other (Specify) teachers will attend with their students, st	udents will pay for their tickets \$10each	\$ 1,170.00
Airfare Name: (Best value should be o	onsidered for the district) List 3 Airline Options	May Book Flight after approval
(1) Airline Name:	Airline #1 Total:	
(2) Airline Name:	Airline #2 Total:	4
(3) Airline Name:	Airline #3 Total:	Chosen Airline Total \$
	Estimated To	otal \$ 1,170.00
Travel Account Number to be used (Required): 461 E11 64	12 00 107 0 11 107	
Dorson Possiving Chask	D.	ate: 09/15/2025
Person Receiving Check		ate: 09/15/2025
Lauren Boone	T	
Campus Principal/Supervisor Date: 09/15/2025	Superintendent Approval	Date:
Travel Notes: Reimbursement Checks will be issued for meals	and mileage if applicable upon RETURN of the trip	with
By attending this training, you should be able to gather infor colleagues and teach them what you learned? Please attach		How do you plan to share the information with your
Please attach an explanation of the reason for travel that is dinstruction	rectly linked to campus and district plan, along wit	h the benefits and how it ties into TEKS and classroom