

**Deleon Independent School District**  
**Travel Approval Form**

Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Place of Meeting: \_\_\_\_\_

\_\_\_\_\_

City

Location

Purpose: \_\_\_\_\_

\_\_\_\_\_

Date Begin Travel: \_\_\_\_\_

Time Begin: \_\_\_\_\_

Date End Travel: \_\_\_\_\_

Time End: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \$.545 per mile

= \$ \_\_\_\_\_

- Check One:  Auto  
 Rent  
 Air  
 Public Transportation

- Principal:  Approved  
 Disapproved

- Superintendent:  Approved  
 Disapproved

\_\_\_\_\_  
Principal Signature Date

\_\_\_\_\_  
Superintendent Signature Date

Budget Code: \_\_\_\_\_