

Please type

Overnight \_\_\_\_\_ In State \_\_\_\_\_
\*Out of State \_\_\_\_\_ Must be turned in
30 days prior to trip.

Name (s) Location/Dept Job Title

General Travel Information

MEETING / PD to attend:

MEETING / PD location:

Departure and return date: Total number of days:

District vehicle needed? Yes No After approval, please submit Trip Direct info to Transportation Department

JUSTIFICATION: Always attach "Travel Justification" form and an agenda

Estimated PD Travel Expenses (Attach Purchase Requisition(s) and Quotes as needed)

- 1) Is a substitute needed? Yes \_\_\_ No \_\_\_ IF Yes, # of work days \_\_\_ x\$100 (max) 1)
2) Registration /entrance fee Meals included? Yes \_\_\_ No \_\_\_ 2)
3) Airfare - name of airline 3)
4) Lodging - name of hotel 4)
5) Car rental - name of company Pick up date Return date 5)
6) Personal Vehicle mileage (round trip) \_\_\_ X .4 cents = \_\_\_. Please use applicable mileage chart. 6)
7) Wear & Tear/estimated miles (round trip) \_\_\_ X .50 cents = \_\_\_. Please use applicable mileage chart. 7)
8) Fuel/estimated miles (round trip) \_\_\_ X .50 cents = \_\_\_. Please use applicable mileage chart. 8)
9) Meals: Actual per diem (please refer to Per diem reimbursent schedule) 9)
10) Other (specify) 10)
Total estimated trip expense

Signature of requestor Date

Budget Information Funding source must be complete before approval

[Empty box for budget information]

Funding (FUND) source for travel

Travel Request Approvals

- 1) Supervisor (Required) Date
2) Program Administrator (if applicable) Date
3) Office of Academics (Required) Date
4) Executive Director of Business and Facilities (Required) Date
5) Superintendant (Required) Date
6) \*Board Approval (Required for all out-of-state trips) Date

All attendees are responsible for travel arrangements and ensuring fees and registration are secured.