

**INSTRUCTIONS:**

1. Type or print in ink.
2. Submit signed original Travel Request to Accounting at least ten working days in advance of travel or registration deadline.
3. All signatories should retain a copy for their records.

# Travel Request

Name: \_\_\_\_\_ School/Dept/Position: \_\_\_\_\_

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

**DURATION OF TRAVEL STATUS**

Begin Travel Status: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

End Travel Status: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

**REGISTRATION EXPENSE: (Check One)**☐ To be Paid by District in Advance (registration form attached) ☐ Charged To District P-Card☐ To be Paid by Traveler and Submitted for Reimbursement.**TOTAL REGISTRATION EXPENSE** \$ \_\_\_\_\_**TRAVEL EXPENSE: (Refer to Business Information Manual for Guidelines)****LODGING:** Number of Nights \_\_\_\_\_ Approved Maximum per Night \$ \_\_\_\_\_**TOTAL LODGING** \$ \_\_\_\_\_**TRANSPORTATION:**Air ☐ Train ☐ Bus ☐ \$ \_\_\_\_\_

Rental Car \$ \_\_\_\_\_

Taxi/Limousine/Shuttle \$ \_\_\_\_\_

Personal Vehicle (Estimate Mileage &amp; Parking) \$ \_\_\_\_\_

Other: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL TRANSPORTATION** \$ \_\_\_\_\_**MEAL ALLOCATION:**

Note: Travel status must begin three (3) hours prior to a meal to establish eligibility for entitlement to such meal. If any meals are provided as part of registration expense, traveler should adjust their Statement of Travel Expenses accordingly.

<b>Total Day Meal Per Diem &amp; Incidentals</b> In-State = \$64 Out-of-State = \$69		<b>Breakfast</b> In-State \$15 Out-of-State \$16	<b>Lunch</b> In-State \$18 Out-of-State \$19	<b>Dinner</b> In-State \$31 Out-of-State \$34	<b>Total For Day(s)</b>
First Day/Single Day					\$
Days 2 thru _____					\$
Final Day _____					\$

**TOTAL MEAL ALLOCATION** \$ \_\_\_\_\_**TOTAL TRAVEL EXPENSE** \$ \_\_\_\_\_**SUBSTITUTE REQUIRED: (Check One)** No ☐ Yes ☐ Date(s) \_\_\_\_\_**APPROVAL**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

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

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

Budget Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Record of Payments  
(Accounting Use Only)**

Date	Reference #	Description	Amount