



TRAVEL APPROVAL FORM

Please submit **30 days** in advance of travel for processing

TRAVEL FORM NO: XXXX

PO# _____

Please see reverse side for detailed instructions on completing this form

TRAVEL INFORMATION

NAME:		TITLE:		TODAY'S DATE:	
WORK SITE:		DESTINATION:		EMPLOYEE PHONE NO:	
TRAVEL DATE(S):		Sub. Required: YES <input type="checkbox"/> NO <input type="checkbox"/>		Estimate Cost of Substitute:	
PURPOSE OF TRAVEL: (check one)		<input type="checkbox"/> In-Service Training	<input type="checkbox"/> Conference	<input type="checkbox"/> Meeting/Seminar	Number of Work Days Absent: _____

DESCRIPTION OF TRAVEL:

PROJECTED COST INFORMATION

LINE	REGISTRATION*	AIRFARE*	LODGING*	MEALS	TRANSPORTATION	PARKING/TOLL	MILEAGE	OTHER
TOTAL								

TOTAL PROJECTED EXPENSES: _____

TOTAL EXPENSES TO BE PAID BY DISTRICT*: _____

TOTAL EXPENSES TO BE REIMBURSED: (Amount to be used for Expense Reimbursement Claim Form) _____

ALL purchases must be itemized on Expense Reimbursement Claim Form and submitted to Accounting

AUTHORIZATION INFORMATION

Employee's Signature: _____ (I certify that the actual costs shown above are true and correct)

Date: _____

SUPERVISOR'S APPROVAL: _____

DATE: _____

POSITION/TITLE: _____

BUDGET ADMINISTRATOR APPROVAL: _____

DATE: _____

Cabinet Level Approval for Out of State Travel: _____

Board Approval Date: _____

Budget Code	FUND	RESOURCE	LOCATION	YR	B.M.	OBJECT	GOAL	FUNCTION	DIST DEF	Amount
										\$ _____
										\$ _____
										\$ _____
										\$ _____

Distribution: Purchasing (White) Reimbursement (Yellow) Employee (Pink)