



TRAVEL REQUEST FORM

(Please attach all pertinent information and use a separate form for each individual.)

All travel requests must be complete and turned in to the Travel Office 21 business days prior to date of departure. Incomplete and/or late travel requests will be denied.

Please note that a complete request includes all necessary paperwork, and at least two authorizing signatures, those of the immediate supervisor and the funding source director. Both signatures are required prior to submission. If you are unsure who the funding source director is, contact your supervisor.

Effective June 1, 2021 an employee requesting to travel must be fully vaccinated for COVID-19.

Traveler _____ DOB _____ Trip # _____
(List name as it appears on your Driver's License or ID)

Fully vaccinated for COVID-19 Yes _____ No _____

All non-exempt (hourly) employees must attach an "Authorization to Travel / Time Card" form.

Check Appropriate Box: ☐ Exempt Employee ☐ Parent ☐ Non-Exempt (Hourly) Employee ☐ Other

Campus/Department/Organization _____

Account/Funding (Local) _____

Account/Funding (Federal) _____

Conference/Event _____

Conference Dates _____

Location of Event _____

Explain Goal/Performance Objective/Strategy that this travel will support and how they will be used and/or disseminated to other district employees.

All information must be filled out to process

Travel By (check one): ☐ Plane ☐ CISD Specialty Bus ☐ Charter Bus ☐ Other

Departure Date _____ Departure Time _____ AM _____ PM _____

Return Date _____ Return Time _____ AM _____ PM _____

Lodging Required: ☐ Yes ☐ No Number of nights required: _____ Per Diem for _____ Days

Registration Fee \$ _____

Registration Deadline: _____

Shuttle/ Taxi: ☐ Yes ☐ No

Rental Vehicle: ☐ Yes ☐ No

Substitute Required (check one): ☐ Yes ☐ No Approval for Personal days: ☐ Yes ☐ No # of days requested _____

FOR STUDENT TRAVEL ONLY: Traveling with students: ☐ Yes ☐ No Number of students traveling: _____

Entry Fees: _____ Parking Fees: _____ Other Fees: _____

I have read a copy of the district's travel policy. I agree to adhere to these policies and understand that disregard of these policies will result in administrative action and possible reimbursement to the district. Finally, any change to travel arrangements must be requested in writing and approved by supervisor. A cancelation must be reported in writing to the Travel Office.

Traveler's signature denotes knowledge of travel regulations and acceptance of the above condition.

Traveler's Signature

Date

Approved By:

Immediate Supervisor's Signature

Date

Funding Source Director's Signature

Date

Chief Financial Officer's Signature

Date