



TRAVEL REQUEST FORM

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

All travel request must be complete and turned in to the Administrative Assistant 25 work 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 including agenda, and at least two authorizing signatures, those of the immediate supervisor and the funding source director. Both signatures are required prior to submission of the travel request. If you are unsure who the funding source director is contact your supervisor.

Name of Requestor: _____ Site/Department: _____ Position: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

Campus/Department/Organization _____
Account/Funding _____
Conference Event _____
Conference Dates _____
Location of Event _____

Explain how this travel will support and how it will be used and/or disseminated to other district employees. **OR**
How does this professional development increase your ability to support student/teacher learning and the district/school DASH?

All information must be filled out to process
Travel By (Check one): GISD Vehicle Personal Vehicle (Only if there is not GISD vehicle available)
Air Fare
Departure Date _____ Location Departure Time _____ AM _____ PM _____
Return Date _____ Location Return Time _____ AM _____ PM _____
Registration Fee: _____
Per Diem (Meals & Lodging) Cost Estimate: _____ Days X \$ _____ Per Day = \$ _____
_____ Hrs. (Partial Day) = \$ _____ Total Per Diem \$ _____
Actual Expenses (with approval of Superintendent or designee only) \$ _____
Rental Car (with approval of Superintendent or designee only) _____ Day(s) X \$ _____ Per Day = \$ _____

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 approved by immediate supervisor. A cancellation must be reported in writing to the immediate supervisor and funding source director.

Traveler’s signature denotes knowledge of travel regulations and acceptance of the above conditions.

Traveler’s Signature **Date**

Approved By:

Immediate Supervisor’s Signature **Date**

Funding Source Director’s Signature **Date**

Superintendent’s Signature **Date**

Travel Clerk **Date**