Travel/Training Request Form

Justification for Training

Date Submitted:_____   Site/ Department:_____

Name of Requestor:_____   Position:_____

Requestor's Address:_____

Work Phone: _____   Home Phone:_____   Cell Phone:_____

⚑ ⚑ **An agenda for the conference/training/workshop/meeting MUST be attached to this form** ⚑ ⚑

Title of Conference/Workshop/Meeting:_____

Name of Presenter(s) or Organization: _____

Location of Conference/Workshop/Meeting:_____

Conference Date(s):   From:_____   To:_____

Other GISD employee(s) attending:_____

Justification for Travel

Is this opportunity being provided anywhere in New Mexico in the future?   Yes ☐   No ☐

Is the information provided during this conference/training   New ☐   Supports Current Activities? ☐

Content Area/Program training will support:_____

Source of Funding for this trip (Account #):_____

How does this professional development increase your ability to support student/teacher learning and the district/school EPSS?

☐   No Travel Expense To GISD   **(If travel expense, complete Travel Expense Estimate/Per Diem or Actual Estimate/Approval section, page two of this form.)**

Date/Time of Departure:_____

Date/Time of Return:_____

_____   _____
Requestor's Signature   Date

_____   _____
Supervisor's Signature   Date

_____   _____
Superintendent or Designee's Approval   Date

� **FORM MUST BE TURNED IN 20 WORK DAYS PRIOR TO ACTUAL DATE OF DEPARTURE** ✳✳

NEW PD TRAVEL FORM RVSD 2017

Travel Expense Estimate

Name of Requestor:_____ Date:_____ Site:_____

☐ Method of Travel and/or Transportation

Date/Time of Departure:_____

Date/Time of Return:_____

☐ GISD Vehicle   ☐ Personal Vehicle (Only if there is no GISD vehicle available)

Estimated gas receipts expense $_____

☐ Airfare Depart: _____ Destination: _____ $_____

☐ Other Travel Expense (specify): _____

_____ $_____

Per Diem or Actual Estimate/Approval

☐ 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 = $ _____

Justification for Actual Expenses in Lieu of Per Diem: **ATTACH JUSTIFICATION MEMO**

Actual Expenses or Rental Car Approval of Superintendent or Designee: _____ Date:_____

Signatures / Approvals – FOR AUTHORIZATION OF TRAVEL EXPENSE ENCUMBRANCE ONLY:

(Signatures indicate approval to encumber funds, actual reimbursement requires separate approval and forms)

Payee: _____ Date:_____

Supervisor: _____ Date:_____

Control Agent: _____ Date:_____

Travel Clerk: _____ Date:_____

✄✄ **FORM MUST BE TURNED IN 2O WORK DAYS PRIOR TO ACTUAL DATE OF DEPARTURE** ✄✄

NEW PD TRAVEL FORM RVSD 2017