

# Appendix C

## Teacher Travel Forms

## Professional Development Teacher Travel Coversheet

Please attach this sheet to the front of your travel packet.  
Check off all documents that are included.

- Travel/Training Request Form
- Agenda w/Dates & Cost of Registration
- District Vehicle Request Form (if traveling by district vehicle)
- Internal Purchase Requisition Form for:
  - Registration fees
  - **Flights** (if traveling by airplane)
  - Airport transportation (use Super Shuttle only)
- Copy of State Identification Card or Passport

All documents listed above **MUST** be submitted together as a packet.

**DO NOT** submit incomplete travel packets.

Be sure to acquire **ALL** signatures.

This packet will be submitted to the CCR Coordinator through District mail or hand carried.



**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

**GADSDEN INDEPENDENT SCHOOL DISTRICT NO. 19  
REQUEST FOR USE OF DISTRICT OWNED ACTIVITY VEHICLES  
\*\*PLEASE SEND ALL REQUESTS TO THE SUPPORT SERVICES OFFICE\*\***

**DISTRICT OWNED ACTIVITY VEHICLES TRIP TICKET**

Line Item: \_\_\_\_\_ School Site: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_ Purpose: \_\_\_\_\_

Destination (City and State):	No. of person Making the Trip (include driver) (9 total occupants only)
Departure Date: Time from CO: Route Dest:	Return Date: Time: Rtn Route Dest:
Name of Certified Driver:	Estimated Mileage (total):
Date Requested (5 class days required): Requested By:	Date Approved: Approved By:

**I acknowledge receipt of the described vehicle, credit cards, and keys.**

Departure Odometer Reading:	Return Odometer Reading:	Miles Driven:
Gas Purchased:	Vehicle Number Assigned: (for official use only)	
Credit Cards: Chevron <input type="checkbox"/> Texaco <input type="checkbox"/> Shell <input type="checkbox"/>	Key Identification: (for official use only)	

**NOTE: IF VEHICLES ARE NOT PICKED UP AN HOUR BEFORE SCHEDULED TIME, VEHICLE REQUEST WILL BE CANCELED.**

**Key Agreement:**

- 1.) I will personally be responsible for keys issued to me and will not lend them to anyone for any purpose whatsoever.
- 2.) I will make sure that all doors opened by me are securely locked upon leaving the premises,
- 3.) In the event I lose a key(s), I will immediately notify my immediate supervisor. Furthermore, I understand that I may be required to pay for the expense of changing the lock combinations on those locks which were dependent upon the lost keys and the expense incurred per key for similar keys which have been issued to other persons.
- 4.) I am aware that a maximum of eight students may be transported in a 9-passenger district activity vehicle; the number of students allowable shall decrease as the size of the vehicle decreases.

**I fully understand and accept the foregoing agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Cell Number/or Contact Number

\_\_\_\_\_  
Date