

## TRAVEL REQUEST APPROVAL AND PAYMENT

Complete requisitions for registration and lodging and attach to this completed form to be approved before traveling outside the district or overnight on school-related business. Submit this entire approved form to the Business Office for processing.

| Employee Name  Name of Event   |              |               |             |               | Location(Hotel, Center, etc.) |  |     |   | Today's Date |                |              |
|--|--------------|---------------|-------------|---------------|-------------------------------|--|-----|---|--------------|----------------|--------------|
|  |              |               |             |               |                               |  |     |   | City, State  |                |              |
| Departure [  | Date         |               | Departure   | Time          | -                             | Return Dat   | e   |   | Return Tim   | e              |              |
|  |              |               |             |               |                               |  |     |   |              |                |              |
| Pre-Travel (Pre-Paid)  |              |               |             |               |                               | Post-Travel (Reimbursement)  |     |   |              |                |              |
| Description  |              |               |             |               | Amount                        | Description  |     |   |              |                | Amount       |
| <b>Registration</b> Attach completed Purchase order, registraiton form, and other supporting documentation.  |              |               |             |               |                               | <b>Registration</b> Use this section only if employee is paying for registrion out-of-pocket and will need to be reimbursed. Prior approval is required to attend. Original receipt is required in order to be reimbursed. |     |   |              |                |              |
| Vendor Name  |              |               |             |               | ė                             |  |     |   |              |                | ¢            |
| PO Number  |              |               |             |               | ۶                             | 1  |     |   |              |                | Ş            |
| Transportation   |              |               |             |               |                               | Transportation   |     |   |              |                |              |
| School Vehicle Air* Rental Car* *Require Prior approval  |              |               |             |               | \$                            | Personal Vehicle Original Comptroller's mileage calculation*, toll and parking receipts are required for reimbursement. Total items at right.  |     |   |              |                | \$           |
|  | .о. арр.от   | ••            |             |               |                               | 1  |     |   |              |                | <del>Y</del> |
| <b>Lodging</b> Use per diem rates for Texas per night, per person plus occupancy tax. Contact hotel for additional charges. Attach completed purchase order. |              |               |             |               |                               | Meals  Calculate meals using GSA per diem rates.  x =  # of Travel days  X GSA travel rate  x =  |     |   |              |                | \$           |
| Hotel Name   |              |               |             |               | \$                            | # of whole days per diem rate Total meals  |     |   |              |                | \$           |
| PO Number # of Nights  |              |               |             |               |                               |  |     |   |              |                |              |
| PRE-TRAVEL TOTAL   |              |               |             |               |                               | POST-TRAVEL TOTAL \$   |     |   |              |                | \$           |
| *Please refe   | er to U.S Ge | eneral Servio | ces Adminis | tration for բ | per diem ra                   | tes.   |     |   |              |                |              |
|  |              |               |             | Budget Cod    |                               |  |     |   | Amount       |                |              |
|  | Fund         | Func          | Obj         | Sub Obj       | Org                           | Yr   | Pic |   | Proj Dtl     | 7 11 10 01 110 |              |
| }  |              |               | 6411        |               |                               |  |     | 0 |              |                |              |
| L  |              |               | 6411        |               |                               |  |     | 0 |              |                |              |
| Employee Signature   |              |               |             |               |                               |  |     |   | Date         |                |              |
| Supervisor Signature   |              |               |             |               |                               |  |     |   | Date         |                |              |
| Authorized Signature   |              |               |             |               |                               |  |     |   | Date         |                |              |