TRAVEL REQUEST PROCEDURE

PRIOR **TO DEPARTURE:**

1. **Complete "Request to Attend" portion of form-** At least 2 weeks in advance.
2. **Attach copy of all pertinent information needed for backup-** (i.e. copy of approved Absence From Campus form, event details, hotel information, map of route, etc.)
   ***Do not make reservations until all required approvals have been met.**
3. **Provide a brief explanation for travel.**
4. **Make arrangements with the Facilities/IT Executive Secretary for district van or rental vehicle.**
5. **Employee Signature**
6. **Vice President Approval-** Signature required.
7. **Business Office Approval-** Required (prior to President's approval)
8. **President Approval-** Signature required.

UPON RETURN:

1. **Complete "Reimbursement Claim" portion of form-**
2. **Attach copy of all pertinent information needed for backup-** (i.e. copy of approved Absence From Campus form, event details, hotel information, map of route, etc.
3. **Employee Signature**
4. **Vice President Approval-** Signature required
5. **President Approval-** Signature required

** For one day travel times ending after 7:00 p.m., you may be reimbursed for dinner. If meals are provided by your conference please do not include for reimbursement.

T R A V E L   R E Q U E S T   F O R M

EMPLOYEE NAME:_____ TODAY'S DATE_____

NAME OF ORGANIZATION_____ LOCATION_____

DATES OF ATTENDANCE_____ BUDGET TO BE CHARGED_____

BRIEF EXPLANATION FOR TRAVEL:

FOR BUSINESS OFFICE USE ONLY:

BUDGET: APPROVED_____   DENIED_____   DATE_____   INITIALS_____

REASON_____   PO#_____   CC_____

REQUEST TO ATTEND (MUST BE COMPLETED *PRIOR* TO DEPARTURE)- Include all required documentation (Refer to *Travel Request Procedure*)

TRANSPORATION:

    DISTRICT VAN   A___   B___   1___   2___

    RENTAL CAR $_____

    AIRFARE $_____

    PARKING FEES $_____

    OTHER $_____

    TRANSPORTATION TOTAL $_____

LODGING:

    NUMBER OF NIGHTS   _____

    NIGHTLY ROOM RATE $_____

    LODGING TOTAL $_____

REGISTRATION FEE: $_____

CASH ADVANCE $_____

(FOR PLANE, LODGING, AND/OR REGISTRATION FEES ONLY)

TOTAL ESTIMATED REQUEST $_____

MEALS: (Receipts Required)

DATE	B	L	D	TOTAL

Meal Total $_____

EMPLOYEE'S SIGNATURE_____

VICE PRESIDENT'S SIGNATURE_____

PRESIDENT'S SIGNATURE_____

REIMBURSEMENT CLAIM (PLEASE COMPLETE *AFTER* TRAVEL)

TRANSPORATION:

    DISTRICT VAN   A___   B___   1___   2___

    RENTAL CAR $_____

    AIRFARE $_____

    PARKING FEES $_____

    OTHER $_____

    TRANSPORTATION TOTAL $_____

LODGING:

    NUMBER OF NIGHTS   _____

    NIGHTLY ROOM RATE $_____

    LODGING TOTAL $_____

OTHER EXPENSES: $_____

    REIMBURSEMENT TOTAL: $_____

    LESS CASH ADVANCE $_____

    NET CLAIM $_____

MEALS:

DATE	B	L	D	TOTAL

Meal Total $_____

*I certify that the foregoing claim is a true and accurate account of expenses incurred by my attendance at the above meeting.

EMPLOYEE'S SIGNATURE_____

VICE PRESIDENT'S SIGNATURE_____

PRESIDENT'S SIGNATURE_____