



TRAVEL, CONFERENCE, OR WEBINAR PRE-AUTHORIZATION FORM

EMPLOYEE NAME _____ CAMPUS/DEPARTMENT _____

PURPOSE _____ VIRTUAL (Departure and Return info not needed)

DEPARTURE DATE: _____ DEPARTURE TIME: _____ RETURN DATE: _____ RETURN TIME: _____

CONFERENCE TITLE & DESTINATION _____

(Besides registration fees, travel advances are not permissible, unless prior approval is attained or if for student travel or if a documented hardship exists.)

How will this training relate to instruction: _____

How will you share this staff development with others on campus or in your department?

My signature certifies that I understand, all staff development expenses reimbursed to the employee may require repayment if the employee resigns from Crandall ISD within two years of the required training.

For Secondary staff members only
My signature certifies that I understand any staff development expenses incurred would require repayment should I resign from Crandall ISD before completing the following school year in which the training was obtained. Training may include AP, CTE, and Technical certifications.

Participant's signature: _____ Date: _____

Principal or Director Approval: _____ Date: _____

Chief Academic Officer: _____ Date: _____

Chief of Staff: _____ Date: _____



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		Estimated Cost	Actual Cost
<input type="checkbox"/>	REGISTRATION: * Check Payable To: _____ * Required if prepayment requested. * Attach registration form.	_____ Total Estimated Registration Cost	_____ Total Registration Cost
<input type="checkbox"/>	LODGING: _____ X _____ X _____ = \$ _____ # of Nights # of Rooms **Room Cost * Check Payable To: _____ * Required if prepayment requested. Traveler is required to turn in an Itemized hotel bill must be turned in to the business office within seven days after travel has been completed. **Include city tax when estimating room cost. DO NOT INCLUDE STATE SALES TAX.	_____ Total Estimated Lodging Cost	_____ Total Lodging Cost
<input type="checkbox"/>	MEALS: EMPLOYEE MEAL REIMBURSEMENT IS FOR OVERNIGHT TRAVEL ONLY, UNLESS TRAVELING WITH STUDENTS. NUMBER OF EMPLOYEES _____ NUMBER OF STUDENTS _____ Per Diem # of Meals Total Per Diem # of Meals Total Breakfast 7.00 X _____ = _____ 5.00 X _____ = _____ Lunch 9.00 X _____ = _____ 8.00 X _____ = _____ Dinner 14.00 X _____ = _____ 12.00 X _____ = _____ * Check Payable To: _____ * Required if prepayment requested.	_____ Total Estimated Meal Cost	_____ Total Meal Cost
<input type="checkbox"/>	MILEAGE: _____ x \$0.56 = \$ _____ *Mileage Rate * ATTACH mileage report from an electronic mapping source such as Google Maps	_____ Total Estimated Mileage Cost	_____ Total Mileage Cost
<input type="checkbox"/>	MISCELLANEOUS: Airfare: _____ Parking: _____ Vehicle Rental: _____ Taxi: _____ Rental Vehicle Fuel: _____ Other: _____ * Check Payable To: _____ * Required if prepayment requested.	_____ Total Estimated Miscellaneous Cost	_____ Total Miscellaneous Cost
	ESTIMATED TOTAL COST: _____	_____ Total Estimated Cost	_____ Total Cost
	Budget Code(s) _____		

Participant's signature: _____ Date: _____

By signing, I accept responsibility for compliance with the Crandall ISD Travel Guidelines.

Principal or Director Approval: _____ Date: _____

Chief Academic Officer: _____ Date: _____

Chief of Staff: _____ Date: _____

Superintendent/Board Approval: _____ Date: _____

***** EMPLOYEE NOTE: I hereby give CISD authority to deduct the advanced business expenses indicated above from my payroll check if I fail to submit a Travel Settlement form with the certification and/or receipts as required. All travel requests must have prior approval by the principal /director. The Superintendent must approve all overnight student travel. The CISD Board of Trustees must approve all out-of-state travel.