TEXAS CITY INDEPENDENT SCHOOL DISTRICT
Professional Growth / Travel Request

Name: _____ Date requested: _____

Campus: _____ Position: _____

Event Name: _____ Location of Event: _____

Date(s) of event and **meeting times** (not including travel)

_____

Indicate how this event will support the current campus improvement plan: _____

☐ I understand that I will present the information from this event to staff members of the district as appropriate and/or if requested. Per travel guidelines, any hotel costs above $175/night will be my responsibility.

*** Signature** _____ * **Please retain a copy of this form for your records.**

NOTE Submit this form with an **ATTACHED** copy of event information (stating location, time & cost) to campus principal for approval at least two weeks in advance of event before submitting to Central Office for signatures.

Expenses Requested:

☐ Lodging ☐ Meals
☐ Registration
☐ Mileage ☐ Car Pool
☐ Other _____

Credit Requested:

☐ College credit (_____ Hours)
☐ Salary increment
☐ Equivalency credit

BUDGET # _____ _____
Budget Manager Initials

Reimbursement Procedures:

The Travel Reimbursement Request form must be completely filled out, verified by the campus secretary and signed by campus principal. The following items **MUST** be attached:

a) Approved Travel Request Form (this form)
b) **Detailed** Receipt(s) of all expenses
c) Texas Mileage Guide (from the website)
d) Certificates/Verification of Attendance

APPROVED

_____
Principal Signature Date

_____
Director/Coordinator/Asst. Supt Date

_____
Deputy Superintendent Date

_____
Superintendent (out of state) Date

NOT APPROVED

_____
Principal Signature Date

_____
Director/Asst. or Deputy Supt. Date

Date rec'd by Administration: _____