



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: _____

- **Check here** / 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 cost above \$175 a 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 **(2) two weeks in advance** of event before submitting to the Central Office for signatures.

Expenses Requested:

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

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

_____/_____
Assistant Superintendent Date

_____/_____
Superintendent (for out of state request) Date

NOT APPROVED

_____/_____
Principal Signature Date

_____/_____
Director/Coor./Asst.or Deputy Supt. Date

DATE RECEIVED BY ADMINISTRATION