



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