

Brooks County Independent School District

Employee Travel Request Form

Employee Name: _____

Department / Campus: _____

Event: _____

Event Start Date: _____ Event End Date: _____

Rationale / Purpose: _____

Location: _____

Funding Source: _____ Acct#: _____

Funding Source: _____ Acct#: _____

Funding Source: _____ Acct#: _____

** Attach Workshop
Documentation **

Projected Cost						
Dates						Totals
Registration						
Hotel						
Hotel Self Parking						
Mileage <small>(Include Dollar Amount ^{60¢}/_{50¢} and attach Mapquest)</small>						
Airfare						
Meals						
Totals						

** If event is more than 5 days fill out an additional travel request form for extra days **

Requested by: _____

_____ Date

Principal / Director _____

_____ Date



Approved by: *(if applicable)* _____

_____ Date

Dr. Maria Rodriguez Casas, Superintendent

Revised 01/12/17

Note: Any cancellation cost due to the employee cancelling will result in them reimbursing the district. Exceptions will only be made due to unforeseen circumstances with appropriate documentation submitted to the Superintendent for approval.