



Brownsville I.S.D. Athletic Department

Travel Procedures

Coaches Only

&

Coach / Student Travel



Brownsville I.S.D. Athletic Department

Employee Travel (Clinics) 6411

1. If the trip is (Over-night), a District Travel Quotation Request Form **MUST** be filled out and emailed to mayra@bisd.us in Purchasing 30 days in advance. Form attached.
2. Coaches will be paired on the District Travel Quotation Request to determine number of rooms needed.
3. The campus must submit a Professional Leave, found on B.I.S.D Finance webpage, Web Travel Leave Request at least 21 days in advance.
4. Professional Leave for campus may include ALL coaches on one request.
5. After the Professional Leave has been approved, create **separate** Purchase Request for each of the following as needed:
 - Registration fee for the Clinic (All coaches included on one PR)
In the Print notes in the Purchase Request, state if registration check will be mailed or in hand. (If in hand, a check date is needed)
 - Meals and Travel (Mileage / Air / Rental) (Per coach)
 - Hotel - use this vendor only for all hotels :Elan Corporate payment system (V019477)
(All coaches included on the PR)
6. When the trip Purchase Request is approved, notify Joanna Salazar, jsalazar1@bisd.us in order to receive the trip including the purchase order and invitation of the clinic.
7. After the clinic, bring back any hotel receipts, meals and mileage request for travel reimbursements on the Travel Reimbursement Form, found on the Finance website. Form attached.
(Attachment E)

Note: All communication regarding Athletic Department Employee Travel should be carbon copied to Joanna Salazar jsalazar1@bisd.us and Gilbert Leal gdleal@bisd.us



Brownsville Independent School District Travel Quotation Request Form

TREQ # _____
Campus _____

Name: _____ Position: _____ DATE: _____
(AS IT APPEARS ON YOUR DRIVER'S LICENSE)

Reservation Contact Person: _____ Phone: _____ E-mail: _____

Account # _____ Account # _____

TRAVEL INFORMATION

Destination: _____
Departure Date: _____ Return Date: _____
Comments: _____

AIRLINE RESERVATION INFORMATION

**AIRLINE TICKETS MUST BE PURCHASED IN ADVANCE. APPROVED PROFESSIONAL LEAVES
MUST BE SUBMITTED TO TRAVEL DEPT. NO LATER THAN 12 BUSINESS DAYS PRIOR TO TRAVEL.**

Departure City: _____
(IF TRAVELING BY AIR)

Airline: _____ Departure Time: _____ Return Time: _____
Comments: _____

CAR RESERVATION

Pickup Location: _____ Drop Off Location: _____
(DIFFERENT FROM PICKUP LOCATION)

Pickup Time: _____ Drop Off Time: _____ Car Size: _____
Comments: _____

HOTEL RESERVATION

PLEASE PROVIDE ALL PERTINENT INFORMATION SUCH AS CONFERENCE NAME, DATES, RATE AND CONTACT PERSON
(SO THE TRAVEL COORDINATOR CAN SECURE THE BEST AVAILABLE ROOM RATE FOR THE DISTRICT).

Hotel: _____ Number of Persons: _____
Address _____ (IF SHARING A ROOM)

Tel: _____ Conference Name: _____
Check-in Date: _____ Conference Rate: _____
Check-out Date: _____

Comments: _____

**APPROVED PROFESSIONAL LEAVE MUST BE SUBMITTED TO THE TRAVEL DEPARTMENT
NO LATER THAN 5 DAYS PRIOR TO TRAVEL OR TRIP WILL BE CANCELLED.**

Supervisor's Signature: _____ Date: _____



Brownsville Independent School District Travel Quotation Request Form

ADDITIONAL PERSONS TRAVELING

List the name of each traveler. ***For travelers 18 years or older please provide their name as it appears on their Driver's License.*** Include list of student names (if any). **ON COLUM B INDICATE ROOMMATE**

1A. _____

1B. _____

2A. _____

2B. _____

3A. _____

3B. _____

4A. _____

4B. _____

5A. _____

5B. _____

6A. _____

6B. _____

7A. _____

7B. _____

8A. _____

8B. _____

9A. _____

9B. _____

10A. _____

10B. _____

11A. _____

11B. _____

12A. _____

12B. _____

13A. _____

13B. _____

14A. _____

14B. _____

15A. _____

15B. _____

16A. _____

16B. _____

Attach additional list if necessary.



**Brownsville Independent School District
Travel Reimbursement Form
PO # _____**

PLEASE USE FORMS IN THE "RECEIPTS" TAB AT THE BOTTOM TO TURN IN RECEIPTS.

Name: _____ Conference Title: _____
 Location #: _____ Destination: _____
 Employee ID: _____ Departure Date: _____ Departure Time: _____ AM PM
 Return Date: _____ Return Time: _____ AM PM

Meals are allowed if you:	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
Leave BISD before:	6:00 AM	11:00 AM	4:00 PM
Arrive at BISD after:	9:00 AM	2:00 PM	6:00 PM

Meal Reimbursement (Receipts Required)						
Daily Max. Per Diem Rate:	\$0	-\$5 *	\$0.00	\$0.00	\$0.00	
75% Per Diem Rate	-\$3.75		\$0.00	\$0.00	\$0.00	
1st & Last Day:						
	Date:	*Breakfast	*Lunch	*Dinner		Total
						\$0.00
* The \$5 that are provided in the meal rates for incidental expenses are deducted from the <u>Daily Max Per Diem Rate</u> .						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						Meal Reimbursement: \$0.00

Mileage Reimbursement		
(If professional leave is NOT submitted through our electronic Webtravel system, a Mapquest Printout is Required)		
A COPY OF THE CAR INSURANCE CARD SHOULD BE ATTACHED TO THE PO - <u>NOT TO THIS FORM</u>		
# of Miles Traveled	Reimbursement Rate	Total
_____	x .625	\$0.00

Other Travel Related Reimbursements (Receipts Required)	
Luggage Check-In (limit one)	_____
Car Rental Gasoline (if applicable)	_____
Shuttle / Taxi / Self Parking Fees	_____
Other _____	_____
Other _____	_____

Total Employee Reimbursement	\$0.00
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I acknowledge that I have incurred the travel expenses indicated above.

Signature of Traveler: _____ Date: _____

*Refer to the approved travel request for maximum meal amounts which are not fixed but only a suggested guide per meal. The maximum rate for the 1st and last day meal reimbursements are 75% of the GSA meal amount.

**TRAVEL DOCUMENTATION MUST BE SUBMITTED WITHIN 15 WORKING DAYS AFTER RETURNING TO BISD.
EMPLOYEE NOT FOLLOWING GUIDELINES WILL FORFEIT REIMBURSEMENT.**



Brownsville I.S.D. Athletic Department

Employee / Student Travel (Playoffs) 6412

1. The campus must submit a Professional Leave, found on B.I.S.D Finance webpage, Web Travel Leave Request.
2. Professional Leave for campus may include ALL coaches on one request.
3. After the Professional Leave has been approved, Athletic Department will create a Purchase Request for lodging.
4. Coaches need to submit travel list / rooming list and itinerary to Joanna Salazar.
jsalazar1@bisd.us
5. After the playoff trip, bring back any hotel receipts, meal signature page to Joanna Salazar.
jsalazar1@bisd.us

Note: All communication regarding Athletic Department Employee Travel should be carbon copied to Joanna Salazar jsalazar1@bisd.us and Gilbert Leal gdleal@bisd.us
