



TRAVEL REQUEST

Please Select Applicable Travel: Out-of- State: In-State: [TRAVELER'S INFO]

Traveler's Name: _____		Department/Campus: _____	
Purpose of Trip (conference name, workshop, training event, etc.): _____			
Destination: _____		Event Date(s): _____ to _____	
Departure Date: _____	Time: _____	AM PM (Select One)	
Return Date: _____	Time: _____	AM PM (Select One)	Federally Funded Travel

[MODE OF TRAVEL]

<input type="checkbox"/>	Airfare – LEISD will purchase. This is suggested for employees.
<input type="checkbox"/>	Airfare –Traveler will purchase (must provide quote).
<input type="checkbox"/>	District Owned Vehicle – District Gas Card is suggested.
<input type="checkbox"/>	Rental Vehicle – Rental via Enterprise.
<input type="checkbox"/>	Personal Vehicle – Reimbursement may not exceed the actual number of miles traveled for business at the current mileage rate.

Note: Travel cost should all be paid with a LEISD PO/CC

[ESTIMATED EXPENSES]

	Out of Pocket Expenses	Direct Pay By LEISD (PO/CC)
Registration –direct pay by LEISD is recommended	\$ _____	\$ _____
Mode of Travel	\$ _____	\$ _____
Lodging –direct pay by LEISD is recommended. NO STATE SALES TAX	\$ _____	\$ _____
Meals (\$36 max per day)	\$ _____ (total for meals, mark below how many of each meal) _____ Breakfast (\$6.00 a day, must leave by 6a) _____ Lunch (\$12.00 a day, must leave by 11a and return after 1pm) _____ Dinner (\$18.00 a day, must return after 6p)	\$ _____ (total for meals, mark below how many of each meal) _____ Breakfast (\$6.00 a day, must leave by 6a) _____ Lunch (\$12.00 a day, must leave by 11a and return after 1pm) _____ Dinner (\$18.00 a day, must return after 6p)
Transportation taxi, shuttle, network trans., etc.	\$ _____	\$ _____
Miscellaneous Expenses parking, tolls, rental vehicle fuel, etc.	\$ _____	\$ _____
Total	\$ _____ Total amount to be advanced or reimbursed	\$ _____ Total amount paid directly by LEISD

[BUDGET]

	Fund	Function	Object	Sub-Obj	Org	Yr Program	Individual	Amount
Code: _____								
Code: _____								

Payee Clause: As a Payee of an LEISD Check for travel/cash advance, I agree to accept responsibility for the protection and proper use of this check, and understand if required, that I must submit all receipts in person to Business Services within 10 days of the conclusion of the trip. I also certify that I have read and understand the LEISD Travel Guidelines and Procedures. **Liability Clause:** By executing this request, I authorize LEISD, in accordance with the IRS requirements, to deduct from wages or salary in the full amount of the funds requested and approved if appropriate receipts and/or remaining cash are not returned within 10 days of the conclusion of the trip. Immediate supervisor must sign below.

SIGNATURES

[APPROVALS]

Traveler	Date:
Traveler Supervisor	Date:
Superintendent (Out-of-State Travel ONLY)	Date: