



Elgin Independent School District  
1002 N. Ave C  
Elgin, Texas 78621

**Elgin ISD Pre-Travel Approval Request for In-State Travel**  
**(For Travel Requiring Overnight Stays and/or Airfare)**

I acknowledge that I have read and understand the travel information as presented in the EISD Business Office Procedures Manual and Travel Guidelines.

Today's Date: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

Name of Traveler: (Primary Contact if Request Involves Additional Employees or Students):  
\_\_\_\_\_

Campus/Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Destination Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_  
\_\_\_\_\_

Is travel related to a grant-funded initiative? Yes No If so, which one? \_\_\_\_\_

Additional Employees:

Name	Campus/Department
_____	_____
_____	_____
_____	_____

Number of Students: \_\_\_\_\_

Lodging requested: Yes No *Employee/Primary contact is responsible for making reservations*

Lodging Information:

Hotel Name: \_\_\_\_\_

Hotel Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ x Number of Nights: \_\_\_\_\_ x Daily Rate: \_\_\_\_\_ = Total Lodging: \_\_\_\_\_

GSA Rate: \_\_\_\_\_ **Note:** If the daily rate exceeds the per diem rate, explain the justification for staying in this hotel: \_\_\_\_\_



FEES:	AMOUNT	DAYS/ TRAVELERS/MILES	TOTAL
REGISTRATION			
LODGING			
HOTEL PARKING			
MEALS			
CONFERENCE PARKING			
AIRFARE			
MILEAGE			
TOTAL EXPENSES			
BUDGET CODE(S):			

I acknowledge that I have read and understand the following:

- In requesting lodging and/or airfare for this travel request, I will be issued a District credit card for the sole purposes of securing hotel reservations, payment of lodging and local taxes, hotel parking (if included in the hotel bill) and/or airfare.
- Upon issuance, I become responsible for the security of the account number and credit card.
- The account number and credit card will not be used by anyone other than myself, and only for the authorized purchase.
- If I am unable to attend this conference/event for any reason, I will cancel the reservation and notify the Business Office of that cancellation.
- If charges are made to the card and I do not attend for any reason not determined to be an emergency by the Superintendent, I will be responsible for reimbursing the District for expenses.
- I understand I am required to pick up the assigned District credit card and follow all procedures required for usage.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Request:  Approved  Denied

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Approved Pre-Travel Request shall be submitted as an attachment within the requisition. All other supporting documents and information shall be provided within the requisition. The Business Office will approve of the travel request through the requisition process and assign a credit card upon Purchase Order approval.*