



# PIEDMONT PUBLIC SCHOOLS OVERNIGHT TRAVEL REQUEST

## APPLICANT DETAILS

EMPLOYEE NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SCHOOL SITE: \_\_\_\_\_

GROUP: (IF APPLICABLE) \_\_\_\_\_ NUMBER OF STUDENTS: (IF APPLICABLE) \_\_\_\_\_

ADDITIONAL STAFF AND/OR CHAPERONES: \_\_\_\_\_

## TRAVEL/EVENT DETAILS

FIRST DAY OF TRAVEL: \_\_\_\_\_ LAST DAY OF TRAVEL: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_ EVENT LOCATION: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

District transportation needed

### ESTIMATED TRAVEL COSTS

AIRFARE \$ \_\_\_\_\_

REGISTRATION \$ \_\_\_\_\_  
(Conference or Seminar)

ACCOMMODATIONS \$ \_\_\_\_\_

MEALS \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

ESTIMATED TOTAL COST \$ \_\_\_\_\_

FUND USED TO  
PAY FOR TRIP: \_\_\_\_\_

### APPLICANT CONFIRMATION & SIGNATURE

- I confirm that I have made arrangements to cover my teaching/supervision/duties for my absence.
- I confirm the information in this document to be true to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## APPROVAL & SIGNATURES

I approve the travel arrangements and estimated travel costs indicated above.

\_\_\_\_\_  
SUPERVISOR SIGNATURE DATE

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE DATE

\_\_\_\_\_  
BOARD OF EDUCATION MEMBER SIGNATURE DATE



# PIEDMONT PUBLIC SCHOOLS

## OVERNIGHT TRAVEL REQUEST

### TRAVEL FORM CHECKLIST

- Complete and Sign Job Related Overnight Travel Request Form.
  - Make sure to list ALL staff that may travel on the "Sponsor" field
- Have Principal or Supervisor approve/sign form
- Send form and checklist to Sandra Lemaster in Human Resources for board agenda
- Send travel information to Jennifer Fuller and Brenda Black in the finance office
  - Link to website with travel information.
  - If there are not conference hotels send minimum of 2 choices
  - Check in and Check out dates
  - Number of rooms needed with rooming list
  - If flying include:
    - preferred time of travel (ie: early morning, evening)
    - copy of driver's license or passport
- Submit requisitions in the appropriate financial software for all travel related expenses.
  - If vendor is not listed, email Brenda Black their information.

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COMPLETED BY (PRINTED NAME)

DATE