

TRAVEL REQUEST FORM

School/Department:

Employee's Name:

Type of Travel:

Start Date of Trip:

End Date of Trip:

Destination:

City:

State:

Trip/Name of Workshop:

ITEMS NEEDING FUNDING *(Check all that apply)*

Registration Fee

(Fee schedule required)

Vendor Name:

Amount:

Hotel

(Confirmation or quote required)

Vendor Name:

Amount:

Rental Vehicle

(Two quotes required)

Vendor Name:

Amount:

Mileage Reimbursement *(Personal Vehicle)* OR

Fuel Reimbursement *(School or Rental Vehicle)* **Not to exceed:**

Meals *(overnight stay required) (calculated per DFA rates)* **Not to exceed:**

Airfare *(including baggage fees) (two quotes required)* **Not to exceed:**

Taxi, Shuttle, or other transportation

Parking

Other *(specify):*

COST SOURCE REQUESTED

Employee's Signature _____

(by signing, the employee acknowledges having read the JCSD Travel Policy DJDAA and the JCSD Travel Procedure's Manual)

Principal's Signature: _____

Director's Signature: _____

Assistant Superintendent's Signature: _____

Superintendent's Signature: _____

Insert Board
Approved
Stamp Here