

**TRAVEL AUTHORIZATION
AND PAYMENT/REIMBURSEMENT VOUCHER**



Career and Technical
Education

This Form Will Be Returned if All Spaces Are Not Completed

FUND	FUNC	OBJ	SUB OBJ	ORG	PROG

CURRENT DATE

EMPLOYEE ID#

GENERAL OPERATIONS (199) FUNDS

TRAVELER NAME:	CAMPUS		
TITLE:	E-MAIL ADDRESS:	PHONE:	
CTE Coordinator Name:	SUPERVISOR:		

ADVANCE REQUEST # _____

NAME OF CONFERENCE AND DESTINATION	DEPARTURE	DATE	TIME
	CONVENTION BEGINS		
	CONVENTION ENDS		
	RETURN		

JUSTIFICATION: EXPLAIN HOW THIS EVENT WILL PROFESSIONAL AID YOUR POSITION IN THE IMPLEMENTATION OF ACTIVITIES OF YOUR DEPARTMENT

LIST OF REQUIRED DOCUMENTATION:

- Job Related Travel Form (Completed and Signed)
- Registration Invoice or Registration Form with details/overview (one page only)
- Flyer with details/Overview (One page only)
- Hotel/Airfare Quotes or Reservation

Pre-approval is required from Immediate Supervisor and Department Head before registering for all conferences. Required documentation must be submitted 45 days prior to the event and before an iExpense report is created in Oracle.

TRAVEL INFORMATION

	ESTIMATED EXPENSES	ADVANCE REQUEST	ACTUAL EXPENSES
REGISTRATION FEES	\$	\$	\$
LODGING: # NIGHTS () X COST/NIGHT (\$)	\$	\$	\$
FLIGHT:	\$	\$	\$
AUTO: # MILES () X ()/MILE	\$		\$
AUTO RENTAL WITH APPROVAL LETTER	\$		\$
PARKING FEES	\$		\$
BUS, CAB, ETC.	\$		\$
FOOD PER DIEM: go to www.gsa.gov for GSA Meal Daily Rate 75% arrival and departure days \$ _____ x 2 = _____	\$		\$
Breakfast \$ _____ +Lunch \$ _____ + Dinner \$ _____ Day Total \$ _____ Number of days _____			
MISCELLANEOUS	\$		\$
PLEASE NOTE:	ESTIMATED	ADVANCED	ACTUAL
If advance payment exceeds actual expenditures, please attach check payable to DISD for the difference.	\$	\$	\$

REIMBURSEMENT and/or RECONCILIATION # _____

LIST OF REQUIRED DOCUMENTATION:

- Attach Proof of Attendance (i.e. certificate, name badge) and Agenda
- Attach itemized **zero-balance** receipts for expenses- including for hotel, baggage, transportation, etc. **To see Meals & Incidental Breakdown go to www.gsa.gov**
- Job Related Travel Form (Completed and Signed)
- Itemized *receipts for meal *Credit card receipts are **not** sufficient. (**Tips** and alcohol **beverages not** reimbursed)
- Rental Car Justification *if applicable* (completed and signed)

Authorization Signatures

EMPLOYEE TRAVELING	DATE	CAMPUS PRINCIPAL	DATE
CAREER & TECHNICAL EDUCATION DIRECTOR	DATE	EXECUTIVE DIRECTOR	DATE
DEPUTY CHIEF STRATEGIC INITIATIVES	DATE	CHIEF STRATEGIC OFFICER	DATE

Notes:

Revised May/2022

1. The CTE department is investing in your professional development to send you to this conference using district resources, It is our expectation that you invest in others by working with the CTE department to organize and deliver a professional development session to your colleagues to share information, strategies, and best practices that you learned at the conference. Please coordinate with your instructional specialist to schedule and promote the professional development opportunity. Training should be conducted no later than 90 days of your return from the conference.
2. The CTE department is agreeing to fund your attendance at this conference. This does not imply that this conference will count toward your required Dallas ISD TEI professional development. Your required Dallas ISD TEI professional development is established by your campus-based evaluator not the CTE department.
3. Please work with your CTE coordinator to file for a travel advance or travel reimbursement to ensure you meet all district required guidelines



Hotel GSA Overage Approval Memo

Date:

Conference Name	
Conference Date(s)	
Conference Attendee	

Justification for hotel overage when overage is unavoidable

For this conference, the only hotels available are over the GSA rate.

Conference Attendee (Signature)

Supervisor (Signature)

Conference Attendee (Print)

Supervisor (Print)

Conference Attendee's Title

Supervisor's Title