



PfISD Employee / Student Travel Request and Approval Form

A. Traveler Information

Name: Business Phone #:
 e/ ID #: Campus / Dept Name: Organization/ Club:

Each Traveler must complete a form. If traveling with students, only one Traveler is required to complete the form for themselves and the students.

B. Trip Information

Check Type of Travel
 Employee Student Out of State Travel
 Out of State requires additional approval, see below

Destination (City / State): Date of Last out-of-State STUDENT Travel:
 Purpose of Travel and Qualifying events: Travel Dates / Time
 Leave Date: Time:
 Return Date: Time:

Estimated Costs

Airfare	<input type="text"/>	Lodging	<input type="text"/>
Car Rental	<input type="text"/>	Meals	<input type="text"/>
District Suburban	<input type="text"/>	Registration	<input type="text"/>
Personal Vehicle Mileage	<input type="text"/>	Parking	<input type="text"/>
Charter Bus School Bus	<input type="text"/>	Other	<input type="text"/>
Total All Estimated Travel Costs		\$0	

Budget Account #s and Amounts

Fund: (circle) Operating / Grant / EDP / Activity Fund / Student Activity Fund

Acct #	<input type="text"/>	Amount	<input type="text"/>
Acct #	<input type="text"/>	Amount	<input type="text"/>
Acct #	<input type="text"/>	Amount	<input type="text"/>
Acct #	<input type="text"/>	Amount	<input type="text"/>

If Grant Funded, Provide (CIP):

*Campus Substitute Info	Full Day	Half Day	For Student Travel Only	Goal:	<input type="text"/>
# of Days Sub Is Needed	<input type="text"/>	<input type="text"/>	# of Students	Objective:	<input type="text"/>
# of School Days Missed	<input type="text"/>	<input type="text"/>	# of Sponsors	Strategy:	<input type="text"/>

I certify that I understand and will comply with all applicable PfISD travel requirements. If traveling with students, it is my intent to ensure that the students and I follow the rules outlined in Board Policy FMG (LOCAL) and the PfISD Student Handbooks.

X _____
 Traveler Signature Title Date

C. Pre-Travel Approval Signatures

Check all applicable boxes based on type of travel. Grants and certain travel requires additional approval as specified below.

Employee Only	Curriculum and Business Administration	Signature	Date
<input type="checkbox"/> Overnight Travel	Principal		
<input type="checkbox"/> Overnight Travel	Applicable Supervisor, Administrator, Department Director, Coordinator		
<input type="checkbox"/> Out-of-State All Travel	Chief Financial Officer		
Student	Curriculum and Business Administration	Signature	Date
<input type="checkbox"/> All Travel	Principal		
<input type="checkbox"/> All Travel	Applicable Supervisor, Administrator, Department Director, Coordinator		
<input type="checkbox"/> Overnight Travel	Area Executive Director		
<input type="checkbox"/> Out-of-State All Travel	Superintendent / Designee (requires Board Approval)		

Original signed forms must be attached to all requisitions related to this travel.