



**EMPLOYEE OVERNIGHT TRAVEL
AUTHORIZATION FORM
(Not accompanying students)**

NOTE: An employee should submit this to his/her immediate supervisor who will forward it to the appropriate approver.

Employee: _____ Campus/Dept.: _____

Today's date: _____ *This request must be submitted 30 days before trip.*

Destination: _____

Reason for Travel. If Travel is out of state, employee MUST justify why the need can not be met within the State of Texas:

Date(s) of Absence: _____ Number of Days Absent: _____

Estimate of Travel Costs \$ _____

Approval by Immediate Supervisor: _____

Account code to pay for trip: _____

Approval by Budget Manager: _____
(if different from immediate supervisor)

PLEASE ATTACH APPROPRIATE DOCUMENTATION

OUT OF STATE TRAVEL REQUIRES THE ADDITIONAL APPROVAL BELOW

Approved

Denied

Superintendent or CFO

Date