



THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION  
POLICY AND PROCEDURES  
FISCAL AND ADMINISTRATIVE SERVICES

Travel Deviation Approval Form

Employee Name \_\_\_\_\_

GTR# \_\_\_\_\_

Travel Purpose \_\_\_\_\_

Destination \_\_\_\_\_

Approved Dates:

Revised Dates:

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Deviation Justification:

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Additional Expenses:

Hotel: \_\_\_\_\_

Transportation: \_\_\_\_\_

Per Diem: \_\_\_\_\_

Other: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Approved/Disapproved: \_\_\_\_\_

Supervisor Signature

Date: \_\_\_\_\_