

College Station Independent School District Travel Request Form

Employee Information:

Name: _____
(List name as appears on your driver's license when requesting airline travel)

Campus/Department: _____

Cell/Home Phone: _____ Work Phone: _____

Departure Time: _____ Return Time: _____

Budget Information:

Please list the budget code(s) to be charged. If the trip is to be federally funded, please list an account for overages:

Estimated Expenditures:

Registration: _____ Rental Car: _____

Hotel: _____ Meals: _____

Airfare: _____ Misc. Exp: _____

Mileage: _____

Total Estimated Expense: _____

Travel Authorization:

Signature of Employee Requesting Travel

Signature of Supervisor Approved () Disapproved ()

Signature of Superintendent or Designee Approved () Disapproved ()

- All out of State travel must be approved by the Superintendent.
- IN ALL CASES, travel approval must be obtained before travel occurs.
- All reimbursements are subject to travel guidelines listed on www.csisd.org under Business Services Procedures.

Travel Information:

Conference/Workshop: _____

Destination: _____

Substitute Needed: Y () N ()

Number of Substitute Days: _____

Departure Date: _____

Return Date: _____

Name of other employee(s) attending event:

Lodging

(Please list three hotel options)

1.) _____ Y () N ()
Conference Hotel

Address: _____

2.) _____ Y () N ()

Address: _____

3.) _____ Y () N ()

Address: _____

Roommate name(s):
Single Double King

1.) _____

2.) _____

3.) _____

Traveling by School Vehicle

Yes () No ()

Number of Passengers: _____

Gas Card Yes () No () Fuel Cost _____

Car Rental

Yes () No ()

Number of Passengers: _____

Gas Card Yes () No () Fuel Cost _____

Airline Reservations

Outgoing Departure/Arrival:

Departing time between _____ and _____

arriving between _____ and _____

Flight Number(s): _____

Returning Departure/Arrival:

Departing time between _____ and _____

arriving between _____ and _____

Flight Number(s): _____