Clint Independent School District
Professional Development Trip Requisition Form

eForm

Attachments: ☐ Completed Registration Form ☐ Agenda or Meeting Info ☐ Special Requests

Traveler Information

Employee Name:	Employee Position:	Campus / Dept:

Trip Information

Justification for request:

Name of Event:	Location:	Registration Deadline:

Event Dates:	To:	Event Times:	To:

Absence from duty required? ◯ Yes ◯ No # of Days _____ Payment type accepted? Purchase Order Check

Substitute required? ◯ Yes ◯ No If yes provide account number: _____

NOTE The above information is required for all events; the following is required only for overnight travel arrangements.

Trip Cost Information

Expense Type			Estimated Cost	Account Codes	
Cost of Event					
Cost of Airfare 10% Increase Applied	*Cost of Flight* _____		$ 0.00		
Cost of Car Rental	*Rate* _____	*# of Days* _____	$ 0.00		
Use of Personal Auto	*Total Miles* _____	x $0.650	$ 0.00		
Parking and or Fuel					
Taxi / Ground Transportation					
Cost of Lodging 18% Increase Applied for Taxes	*Rate* _____	*# of Days* _____	$ 0.00		
Meals *Are based on Away from District at Specified Times Listed Only ->*	*# of Breakfasts* _____ *6:00 AM through 11:00 AM*	x $8.00	$ 0.00		
Note: Refer to Travel Guidelines & Procedures to prorate meal amounts as allowable.	*# of Lunches* _____ *11:00 AM through 2:00 PM*	x $17.00	$ 0.00	For hotel costs, please attach the GSA schedule stating allowable amount for date of stay. If this request is federally funded, and the selected hotel cost exceeds the schedule, the employee must pay the additional cost or select another hotel. If this request is federally funded and ground transportation is requested, complete the Special Instructions area on the next page and agendas must be attached. The Administrative Travel Guidelines and Procedures document, located on the District web-site, will assist you and provide additional information. After all travel arrangements are completed, travel arrangement information will be provided via-email. Please contact the Business Service Department with any questions.	
	# of Dinners _____ *2:00 PM through 8:00 PM*	x $21.00	$ 0.00		
	Total Estimated Cost		$ 0.00		
	Purchase Order Number				

Required Information

Event Hotel:	Address:	State:	Zip:	Phone:

Or Recommended

Hotel Name:	Address:	State:	Zip:	Phone:

Air departure time needed from El Paso: _____ Air return time needed to El Paso: _____

By signing this form, the employee receiving a travel advance agrees if the required CISD travel clearance form is not completed and submitted within 10 days after completion of travel, repayment will be made to the District via a deduction from that employees paycheck, in the full amount or lessor amount if known, of the original disbursement. In addition, by signing this form, the employee agrees to the follow the Federal & Local Travel Guidelines & Procedures located on-line and available on the District's web-site (Business Service Department/Guidelines & Procedures. Cancellations and other important information are addressed in this document.

Employee Signature _____ Date: _____ Supervisor Signature _____ Date: _____

Trip Relationship to TEKS(s) / Lesson(s) Objectives / Initiatives

Justification with data for Professional Development

Follow-up Activities

Goal	Performance Objective
Was this trip included as part of your campus CIP / DIP? ◯ Yes ◯ No	Strategy

Special Instructions for Federally Funded Travel:

Travel costs must be properly documented to be reimbursable. The employee must document travel costs with a travel voucher or other comparable documentation. Documentation must include, at a minimum, the following information: Name of the individual claiming travel reimbursement. Destination and purpose of the trip, including how it was necessary to accomplish the objectives of the grant project. Dates of travel. Actual mileage (not to exceed reimbursement at the maximum allowable rate). Actual amount expended on lodging, per day, with a receipt attached (may not exceed the maximum allowable rate). Actual amount expended on meals, per day, (may not exceed the maximum allowable rate; tips and gratuities are not reimbursable.) Actual amount expended on public transportation, such as taxis and shuttles. Actual amount expended on a rental car, with receipt attached and justification for why a rental was necessary including and explanation as to how it was more cost effective than alternate transportation; receipts for any gasoline purchased for the rental must be attached. (Mileage, when using a rental is not reimbursable.) Please use area below to justify transportation request. Actual amount expended on incidentals, such as hotel taxes, copying of materials and other costs associated with the travel. Total amount reimbursed to the employee.

As detailed above, justification that the form of ground transportation selected is the most cost effective must be provided. The space below has been provided for that justification. If more space is required please attach it to this request and note it below.

Rental Car	Shuttle	Taxi	Other
Estimated Cost	Estimated Cost	Estimated Cost	Estimated Cost
Justification (Include Fuel & Parking)	Justification	Justification	Justification