

GPISD Travel Authorization Form

Legal Name of Traveler				GPISD Email			
Traveler's Title / Position				Campus / Department			
Name of Event				Location City/State			
Depart Date:		Depart Time:		Return Date:		Return Time:	
Purpose: (Required)							
Account Code: (Required)							

Direct Pay Meal Per Diem Rate (Staff Travel Only)

Non-Travel Day Meals	\$61.00	X Number of Days		Notes
Travel Day Meals	\$45.75	X Number of Days		
Mileage		X Rate per Mile	.725	Attach MapQuest to Mileage Requisition Provie proof insurance to Risk Manager
				Sub-Total Meal / Milage Per Diem Rate

Purchase order to Vendor

Air Fare	Airline			Notes	Cost
Registration Vendor Name					
Rental Car		X Number of Days		Contact Purchasing for Pricing / Reservation	
				Sub-Total Direct Bill	

District Issued Travel Credit Card

Hotel Rate		X # of Nights		X # of Rooms		Attach Hotel Confirmation
Tax (Exclude State of TX Tax)		X # of Nights		X # of Rooms		Rooming With:
Fuel (Estimate)					Rental / District Vehicles Only	
Parking		X Number of Days		Hotel, Airport, convention, Downtown, Events, Etc...		
Public Transportation					Notes	
Staff Luggage	\$40.00	X 1 = One Way X 2 = Round Trip				
				Sub-Total Travel Card		

Staff Traveling with Students (Attach Student List)

Student Incidentals						
Staff Non-Travel Day Meals	\$61.00	X Number of Days		Notes		
Staff Travel Day Meals	\$45.75	X Number of Days				
Student Meals Per Day	\$40.00	X # of Days		X Number of Students		
On Meal Student	\$20.00	X # of Meals		X Number of Students		
Student Luggage	\$40.00	X 1 = One Way X 2 = Round Trip			X Number of Students	
Notes				Sub-Total Student Travel		
				Total Estimated Travel Cost		

I certify that I have read and accept responsibility for compliance with the Grand Prairie ISD Travel Guidelines

Traveler:		Date:	
Supervisor:		Date:	
Program/Grant Director:		Date:	