Approval must be obtained prior to any arrangements being made. Form will be returned if incomplete.

Community Independent School District Travel Request Form

Student Information

Does travel include students? ○ Yes ◉ No

If yes,

Total # of students: _____ # of rooms needed: _____

Total # of adults: _____

For all student travel, the Hotel Rooming List must accompany this request form.

Employee/Sponsor Information

First Name | Middle Initial | Last name

Group/Team Sponsoring

Campus/Dept: _____

District Position/Title: _____

Cell Phone: _____

Budget Information

Please list the budget code(s) to be charged.

_____ $_____

_____ $_____

Estimated Expenditures:

Registration	$_____	Rental Car	$_____
Hotel	$_____	Meals	$ 0.00
Airfare	$_____	Parking	$_____
Mileage	$_____	Misc	$_____

Total Estimated Expense: $ 0.00

Travel Authorization

Signature - Employee/Sponsor Date

Signature - Employee's Supervisor Date

Signature - Superintendent Date
(if out of state or traveling with students)

Note: 1) All forms must be signed prior to submission. 2) Approval must be obtained prior to any arrangements being made. 3) All reimbursements are subject to CISD travel guidelines. 4) Any changes, cancellations, etc. must be submitted to the Finance Office. 5) Travelers should not make their own arrangements and should not make any changes to itinerary.

Travel Information

Name of Event: _____

Destination: _____
City, State

Departure Date & Time: _____

Return Date & Time: _____

Lodging *(Please list THREE hotel options)*

(1) Hotel Name: _____

Hotel Address: _____

Hotel Phone: _____

(2) Hotel Name: _____

Hotel Address: _____

Hotel Phone: _____

(3) Hotel Name: _____

Hotel Address: _____

Hotel Phone: _____

King Bed

For non-student travel only, provide roommate name(s):

Transportation

School Vehicle

Name of Airline:

Preferred OUTGOING Flight #: _____

Preferred Departure Time | Preferred Arrival Time

Preferred RETURN Flight #: _____

Preferred Departure Time | Preferred Arrival Time

Community ISD Adjusted Meal Per Diem Calculation

Section 1 - Complete before travel

Instructions:

1) Look up the meal per diem on the GSA Schedule.
2) Determine the meal allowance on the day of departure and return (refer to schedule below)
3 Use GSA Schedule rates to determine amounts allowed to be spent on first and last day of travel and full days of travel.

TRAVELER NAME:								
Dates:								
Per Diem	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Total**
Daily Per Diem								0.00

Section 2 - Complete upon return from travel

Depature Date _____ Depature Time _____

Return Date _____ Return Time _____

I certify that the actual costs listed below are true and correct. I understand that I may be required to validate the actual costs with detailed receipts. If actual costs are less than the advanced per diem, the traveler must reimburse the unspent funds to the district with this settlement form within 3 business days. Actual cost that exceeds the GSA rates will not be reimbursed.

Advanced Per Diem $ 0.00

Actual Cost of Work- Related Meals $ -

Refund to District, if any $ -

Traveler Signature _____ Date _____

Business Office Signature _____ Date _____

Submission Instructions:
This form must be signed and submitted to Accounts Payable at the Administration Building within **three (3) days** of returning from your trip.

If a refund to the district is required, the traveler must submit this form in person themselves.
If all funds were used and you are unable to deliver this form in person within the 3-day window, you may complete, sign, and email a scanned co
accountspayable@communityisd.org

Revised: May 2026