

GPISD Travel Authorization Form													
Legal Name of Traveler				GPISD Email				CLEAR					
Traveler's Title / Position				Campus / Department		Select from drop-down							
Name of Event				Location City/State									
Depart Date:				Depart Time:		Select from drop-down		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		\$ 0.00			
Travel Day Meals		\$45.75		X Number of Days						\$ 0.00			
Mileage				X Rate per Mile		0.76		Attach MapQuest to Mileage Requisition Provide proof insurance to Risk Manager		\$ 0.00			
								Sub-Total Meal / Milage Per Diem Rate		\$ 0.00			
Purchase order to Vendor										Cost			
Air Fare		Airline						Notes		\$ 0.00			
Registration Vendor Name										\$ 0.00			
Rental Car				X Number of Days				Contact Purchasing for Pricing / Reservation		\$ 0.00			
								Sub-Total Direct Bill		\$ 0.00			
District Issued Travel Credit Card													
Hotel Rate		GSA RATE		\$ 0.00		X # of Nights				X # of Rooms			
Tax (Exclude State of TX Tax)				X # of Nights				X # of Rooms		Rooming With:			
Fuel (Estimate)										Rental / District Vehicles Only		\$ 0.00	
Parking				X Number of Days						Hotel, Airport, convention, Downtown, Events, Etc...		\$ 0.00	
Public Transportation										Notes		\$ 0.00	
Staff Luggage		\$50.00		X 1 = One Way X 2 = Round Trip								\$ 0.00	
								Sub-Total Travel Card		\$ 0.00			
Staff Traveling with Students (Attach Student List)													
Student Incidentals		Select										\$ 0.00	
Staff Non-Travel Day Meals		\$61.00		X Number of Days						Notes		\$ 0.00	
Staff Travel Day Meals		\$45.75		X Number of Days								\$ 0.00	
Student Meals Per Day		\$40.00		X # of Days				X Number of Students				\$ 0.00	
On Meal Student		\$20.00		X # of Meals				X Number of Students				\$ 0.00	
Student Luggage		\$50.00		X 1 = One Way X 2 = Round Trip						X Number of Students		\$ 0.00	
Notes								Sub-Total Student Travel		\$ 0.00			
								Total Estimated Travel Cost		\$ 0.00			
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:			
Grant Director Signature Required for Grant Funds Travel Requests													
Updated July 2026													