



Request to Travel

The Request to Travel form must be signed by the traveler and approved by the Principal/Director. All supporting documentation must be attached to the requisition. The District's Travel Specialist will review before requisitions will be processed. Each person traveling will need a separate Request to Travel form completed and signed.

Rev. 7/2022

Name: _____ DOB: _____ Campus/Dept _____

Cell Phone #: _____ Name of Event: _____

Location of Event: _____ Event dates _____
Travel dates _____

Are students attending? Yes No *If so, please submit WISD Student Travel Form with list of participants.*

Will federal funds be used? Yes No *If so, EDGAR guidelines must be followed.*

Registration -Vendor PO / Check Request _____

ARTA TRAVEL SERVICES

Airfare	Motorcoach	Total Estimate	Preferred flight time	AM	PM
Lodging	Rental Car	Additional Information _____			

Mileage @ .54 per mile:

Personal Vehicle: Yes No

Please attach copy of Google map(s).

miles = _____

Employee Per Diem: _____

Total # of Days @ \$42.00 _____

Student Per Diem: _____

Total # of Days @ \$28.00 _____

Total of Estimated Expenses via ACH:	
GRAND TOTAL ALL ESTIMATED EXPENSES FOR THIS TRIP:	

Account Number(s) to be charged: _____

*If a WISD Student Travel Card has been checked out, it must be returned to campus/department secretary upon return. A Travel Reconciliation Form must be completed and submitted with all receipts and documentation **within 5 business days after travel.***

Employee Signature _____

_____ Date

Principal/Director's Signature _____
(STAMPED SIGNATURE NOT ACCEPTED)

_____ Date

Assistant Superintendent (Only required for out of state travel) (NO STAMPS)

_____ Date