TRAVEL FORM

AGUA DULCE ISD

SCHOOL BUSINESS TRAVEL REQUEST

Employee(s) Requesting to Attend Event/Conference

Name _____ Campus/Dept _____

Name _____ Campus/Dept _____

Name _____ Campus/Dept _____

Name _____ Campus/Dept _____

Name _____ Campus/Dept _____

Name _____ Campus/Dept _____

Reason for Travel _____

City _____ State _____

Conference/Event Dates _____ to _____ Time Off Dates _____ to _____

Include all costs or indicate N/A. If actual costs are not known, please estimate

Conference/Event _____ Conference Total $ _____

Hotel _____ Hotel Total $ _____

Airline _____ Airfare Total $ _____

❑ Mileage Reimbursement Total – 0.76¢ per mile, MUST attach Map Quest print-out with route from Agua Dulce ISD to destination (round trip)

$ _____

Employee Meals (Only if traveling out of town) Click here for Standard GSA Rates.
Refer to the U.S. General Services Administration's (GSA's) federal Domestic Maximum Per Diem Rates, effective Oct. 1, 2025.
If the city is not listed, but the county is listed, use the daily rate of the county. $ _____

Parking and other Incidentals Total – please attach receipts to travel reimbursement form & submit upon return $ _____

Budget Code _____ GRAND TOTAL $ _____

Budget Code _____

❑ **APPROVED OR** ❑ **DENIED** Reason for denial _____

_____ _____

Immediate Supervisor or Superintendent Date

Submit this form for approval at least 5 days prior to scheduled event. Attach this form to ALL travel related requisitions / POs