

____ P Card Used for Travel
 ____ PO/Reimbursement Process
 ____ 4-Corners Approval by Supt.



Address Change (Y or N): ____
 Employee's Last four
 Digits of SSN: ____

Travel Form

Name: _____ Position: _____ Work Loc #: _____

Date(s) of Travel: _____ Depart Time: _____ Return Time: _____
 (AM/PM) (AM/PM)

Destination: _____ Reason (attach documentation): _____

Mailing Address: _____
 (Reimbursement check will be mailed to this address)

Mode of Travel: District Vehicle Personal Vehicle Plane Other (attach justification)

Travel Expense Account 1: _____
 Fund Function Object Program Location Job Class

Travel Expense Account 2: _____
 Fund Function Object Program Location Job Class

Paying from Travel
 Expense Account?
 ↓

Meals (attach itemized receipt upon return; per diem only paid on final day of overnight travel) \$ _____ a. Account 1__ or 2__

Actual Quote-Lodging
 (attach itemized receipt upon return; should be \$0.00 if Hotel paid with District Purchase Order)
 (NOT ALLOWABLE TO USE BOOKING AGENTS FOR HOTEL RESERVATIONS IF THE VENDOR WILL NOT PROVIDE A DETAILED RECEIPT) \$ _____ b. Account 1__ or 2__

Registration
 (attach itemized receipt upon return; should be \$0.00 if Registration is paid with District Purchase Order) \$ _____ c. Account 1__ or 2__

Other attach itemized receipt \$ _____ d. Account 1__ or 2__

Other attach itemized receipt \$ _____ e. Account 1__ or 2__

Other attach itemized receipt \$ _____ f. Account 1__ or 2__

Taxi or other transportation fares at destination \$ _____ g. Account 1__ or 2__

Parking Fees \$ _____ h. Account 1__ or 2__

Other (Attach written description) \$ _____ i. Account 1__ or 2__

Privately Owned Vehicle Mileage (must have prior approval for both in and out of district travel)

DATE	POINTS OF TRAVEL		ODOMETER READING		MILES TRAVELED	RATE	AMOUNT CLAIMED
	TO	FROM	BEGINNING	ENDING			
						0.47	
						0.47	

j.
k.

TOTAL TRAVEL EXPENSES (Total lines a through k) \$ _____

Required Signatures for In-State Travel:

Traveler's Signature: _____ Date: _____

Immediate Supervisor's Approval: _____ Date: _____

Program/Budget Manager's Approval: _____ Date: _____

Superintendent's Signature : _____ Date: _____
 (This signature is for programmatic purposes only and does not review or certify calculations)

4-Corners Travel (Approved by Superintendent): _____ Date: _____

Board Approval: _____ Date: _____

Lodging
 ____ P-Card
 ____ PO/
 Reimbursement
 Registration
 ____ P-Card
 ____ PO/
 Reimbursement