

Address Change (Y or N)

Travel Form

 Employees Last _____
 Four Digits of SSN _____

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: _____
Fund • Function • Object • Program • Location • Job Class

Meals (attach itemized receipt upon return; per diem only paid on final day of overnight travel)	\$ _____ a
Actual Quote - Lodging (attach itemized receipt upon return; should be \$0.00 if Hotel paid with District Purchase Order)	\$ _____ b
<u>NOT ALLOWABLE TO USE BOOKING AGENTS FOR HOTEL RESERVATIONS IF THE (VENDOR WILL NOT PROVIDE A DETAILED RECEIPT)</u>	
Registration (attach itemized receipt upon return; should be \$0.00 if paid with District Purchase Order)	\$ _____ c
Other attach itemized receipt _____	\$ _____ d
Other attach itemized receipt _____	\$ _____ e
Other attach itemized receipt _____	\$ _____ f
Taxi or other transportation fares at destination	\$ _____ g
Parking Fees	\$ _____ h
Other (Attach written description)	\$ _____ i

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 0.464	AMOUNT CLAIMED
	TO	FROM	BEGINNING	ENDING			
						0.46	
						0.46	

TOTAL TRAVEL EXPENSES (Total lines a. – j.) \$

Required Signature for In-State Travel:

Traveler's Signature: _____ Date: _____

Immediate Supervisor's Approval: _____ Date: _____

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

Board Approval if traveling Out of State:

Board Approval: _____ Date: _____