

# EDUCATIONAL SERVICE UNIT #13

## TRAVEL REQUEST

### INSTRUCTIONS:

- Fill out Travel Request form and have the Department Director sign.
- Give signed form to Executive Assistant who will return a copy to attendee after Administrator signs. (Please submit the request at least one (1) month prior to travel.)
- Use travel envelope to collect and store all related expenditure receipts. After the trip, attach envelope to the signed and completed travel form, and give the travel documents to the Business Office.
- A reimbursement check will be issued if approved out-of-pocket expenses are listed.

**Name(s):**

*of attendees* \_\_\_\_\_

**Department:**

☐ Admin ☐ Alt Ed ☐ Psych & Behavioral Health ☐ Early Childhood ☐ Head Start ☐ Title I, Part C ☐ Prof. Learning ☐ Special Services ☐ Tech

<u>DATE</u> <i>of travel and event mm/dd/yy</i>	<u>EVENT/ACTIVITY</u> <i>Please do not use acronyms</i>	<u>LOCATION</u> <i>City, State</i>	<b>TRAINING CONTACT HOURS</b>

Motel room(s) needed for \_\_\_\_ nights on these dates \_\_\_\_\_

Motel Location or Name \_\_\_\_\_

Transportation: ☐ ESU Vehicle ☐ Personal Vehicle ☐ Commercial Travel ☐ Other

### ESTIMATED EXPENSES:

Registration	Transportation	Lodging	Meals	Other	TOTAL
\$	\$	\$	\$	\$	\$

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### PERMISSION TO TRAVEL:

Bill expenses to project/department code # \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_