

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>	<u>TRAINING CONTACT HOURS</u>

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 _____