**EMPLOYEE TRAVEL REQUEST**

All requests for travel shall be submitted to the General Manager’s Officer as far in advance of the intended travel date as possible. Such requests shall be at least ten (10) days in advance of the trip, unless an emergency exists.

Name of Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for travel on official business is hereby made for [name(s) and title(s)]:

Describe purpose of trip (attach program description if applicable):

Travel time will start at \_\_\_\_\_\_a.m./p.m. on\_\_\_\_\_\_\_\_\_ and end at \_\_\_\_\_\_\_\_\_\_\_a.m./p.m. on\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Destination:

Justification for trip:

Transportation & Travel Expenses

(Check all appropriate boxes and indicate cost for each category)

Vehicle Travel: [ ] District Vehicle [ ] Private Vehicle \_\_\_\_\_ miles \_\_\_\_\_total cost

Employees will be taking separate vehicles\_ Yes \_No \_N/A

Public carrier: [ ]  Airplane [ ] Bus [ ] Train \_\_\_\_\_total cost

Lodging\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_total cost

 Name of hotel, # of nights lodging. # People in room

Meal Expenses:[ ] Per Diem [ ] Estimate Actual Cost \_\_\_\_\_\_\_\_ \_\_\_\_\_total cost

 # of Meals

Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_total cost

 Payable to and Deadline Date

Other Costs (i.e. cab fare, tolls etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_total cost

 (Specify)

 GRAND TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request a Travel Advance of $\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature

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

I hereby recommend approval of the Travel Request and certify that there is an unexpected budget appropriation of $\_\_\_\_\_\_\_\_ to cover the cost of this trip and that the travel will be a benefit to the District.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Dept. Head) Title Date

GENERAL MANAGER

[ ]  Approved as requested

[ ]  Approved, but modified as follows:

[ ]  Disapproved for the following reasons (s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\*Include Registration Form, Address & Deadline Date, if applicable

 White-Administration Yellow-Employee Pink-Originating Department