**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: Click or tap here to enter text. Date: Click or tap to enter a 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 Click or tap here to enter text. a.m./p.m. on Click or tap here to enter text. and end at Click or tap here to enter text. a.m./p.m. on Click or tap here to enter text..

Destination:

Justification for trip:

Transportation & Travel Expenses

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

Vehicle Travel: [ ] District Vehicle [ ] Private Vehicle \_\_\_\_\_ miles Click or tap here to enter text. total cost

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

Public carrier: [ ]  Airplane [ ] Bus [ ] Train Click or tap here to enter text. total cost

Lodging: Click or tap here to enter text. Click or tap here to enter text. total cost

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

Meal Expenses:[ ] Per Diem [ ] Estimate Actual Cost: Click or tap here to enter text. total cost

 # of Meals: Click or tap here to enter text.

Registration: Click or tap here to enter text. Click or tap here to enter text. total cost

Payable to and Deadline Date: Click or tap here to enter text.

Other Costs (i.e. cab fare, tolls etc.): Click or tap here to enter text. Click or tap here to enter text. total cost

 GRAND TOTAL: Click or tap here to enter text.

I hereby request a Travel Advance of $ Click or tap here to enter text. Click or tap here to enter text.

Employee Signature

I hereby recommend approval of the Travel Request and certify that there is an unexpected budget appropriation of $ Click or tap here to enter text.to cover the cost of this trip and that the travel will be a benefit to the District.

Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date.

Signature (Dept. Head) Title Date

GENERAL MANAGER

[ ]  Approved as requested

[ ]  Approved, but modified as follows:

[ ]  Disapproved for the following reasons (s):

Click or tap here to enter text. Click or tap to enter a date.

Signature Date

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