

Travel Request Instructions

(It is the responsibility of the Traveler and/or Budget Administrator to keep copy of Travel Request on file)

Name -- Name of employee/traveler.

School/Department -- Name of school/department employee is assigned.

Date -- Date travel request is filled out.

Conference Name/activity -- Name of conference/workshop or activity employee is attending.

City, State -- City and state location activity is being held.

Departure Date -- Date employee is departing from district.

Return Date -- Date employee is returning to district.

Type of Travel Requested -- Check the box that applies:

In District -- Activity is held within district boundaries.

In State -- Within the State of Washington (includes Portland and Vancouver, B.C.).

Out of State -- Outside the State of Washington (Requires approval of the Board of Directors).

Extended or Overnight Field Trip -- Occurring over several days or overnight with students (Requires approval of the Board of Directors).

Method of Travel -- Check the box that applies.

Traveler is Authorized to Receive -- Check **all** boxes that apply:

Registration Fee -- Attach form & Purchase Order for registration prepayment.

Lodging -- If hotel is known, include name under comments section.

Transportation -- If commercial air, include name of airlines under comments section.

Mileage Reimbursement -- check only if authorized.

Meals -- If not part of registration.

Include best estimate of total costs for items checked. Budget Number must be provided.

Substitutes -- If substitute is required, check whether half or full days and include Budget Number for paying subs. If an agency other than FPSD is paying cost of sub (i.e., ESD, WEA, State of Washington, etc.), include name of agency and dollar amount to be paid.

Comments -- Names of other travelers; information that may be helpful in registration or travel identification.

Approval -- Obtain appropriate signatures.

Do Not Write Below This Line

BUSINESS OFFICE USE ONLY

<u>ADVANCE:</u>	Check # _____	Date _____	\$ _____
	Check# _____	Date _____	\$ _____
	Check# _____	Date _____	\$ _____
	Check# _____	Date _____	\$ _____

Acct. No. _____	Registration	\$ _____	
Acct. No. _____	Lodging	\$ _____	
Acct. No. _____	Transport.	\$ _____	Reimburse Traveler \$ _____
Acct. No. _____	Mileage	\$ _____	Reimb. Travel Fund \$ _____
Acct. No. _____	Meals	\$ _____	Reimburse VISA \$ _____
Acct. No. _____	Other	\$ _____	
	TOTAL	\$ _____	TOTAL \$ _____

Date to Accounts Payable	Name of Traveler
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