

# REQUEST - TRAVEL

Site No-MMDDYYYY-XX

T -

GROSSMONT UNION HIGH SCHOOL DISTRICT

SCHOOL OR DEPARTMENT (PLEASE PRINT)	DATE PREPARED	<b>E-</b>
NAME OF APPLICANT	CONFERENCE TITLE:	
EMPLOYEE SIGNATURE	CONFERENCE LOCATION:	
CABINET APPROVED (YES, WITH DATE, OR NOT APPLICABLE):	TRAVEL DATES: FROM: _____ TO: _____	

BUDGET CLASSIFICATION NUMBER(S):

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - **5210** - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

JUSTIFICATION FOR TRAVEL (Be Specific)

## ESTIMATED EXPENSES

ITEM	REQUISITION NO. OR PAID BY APPLICANT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
CONFERENCE REGISTRATION FEES VENDOR:									
TRANSPORTATION - Air / Train / Rental Car VENDOR:									
LODGING VENDOR:									
MEALS - Breakfast / Lunch / Dinner (Actual not to exceed the current daily rate)									
PERSONAL CAR USE - ESTIMATING _____ MILES (At Current Rate)									
SHUTTLE - TAXI FARE - PARKING									
INCIDENTALS - Telephone / Non-Meal Tips									
	DAILY TOTALS								
GRAND TOTAL									

<p>FUND ADVANCE (Optional):</p> <p>AMOUNT \$ _____</p> <p>AMOUNT NOT TO EXCEED 75% OF THE ESTIMATED NON-PREPAID TRAVEL EXPENSES AND NOT LESS THAN \$100 (See reverse for repayment instructions)</p>	<p>TRAVEL APPROVAL:</p> <p>_____ APPLICANT SIGNATURE</p> <p>_____ PRINCIPAL/DEPARTMENT DIRECTOR SIGNATURE</p> <p>_____ DATE</p> <p>_____ DATE</p>
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Authorization (Principal, Manager, Department Head):

\_\_\_\_\_

DATE

District Authorization (Executive Director Fiscal Services):

\_\_\_\_\_

DATE

INCLUDE REGISTRATION FORMS AND ANY RESERVATIONS NUMBERS ALREADY HELD  
\*\*FILL OUT FORM IN ITS ENTIRETY AND RETURN TO FISCAL SERVICES \*\*