

**FACULTY & STAFF NATIONAL TRAVEL AUTHORIZATION REQUEST FORM**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Request for travel reimbursement in connection with the following activity: ( check all that apply and provide details):

- Present at Conference
- Attend Conference/Professional Development
- Other: \_\_\_\_\_

**Title and Description of Event/Conference/Professional Development: (attach supporting documentation)**

**Title of Conference:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_ - \_\_\_\_\_

**Estimated Costs:**

Registration Fee: \_\_\_\_\_

Auto: \_\_\_\_\_

Airfare: \_\_\_\_\_

Hotel Room: \_\_\_\_\_

Meals: \_\_\_\_\_

**Total Est. Costs** \_\_\_\_\_

**Department Budget Account  
for Expenditures:** \_\_\_\_\_

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**Signature of Traveler**

\_\_\_\_\_  
**Date**

**Note: All charges incurred on District Purchasing Card need to be supported with receipts and submitted to the business office within one working week after return from conference.**

**For Business Office/Supervisor Approval**

\_\_\_\_\_  
**Superintendent Approval**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Business Manager**

\_\_\_\_\_  
**Date**

**\*Copy of approved form will be given back to employee and original will be kept for file documentation in business office.**

