

EDUCATIONAL LEADERSHIP PRE TRAVEL WORKSHEET

FOR OFFICE USE ONLY
Date Received: _____
By: _____

Please provide the following information concerning your trip. Sign and submit this form prior to departure to Jane or Martha for approval and encumbrance of funds. Form will be returned to you after approval process is complete.

Name: _____ Social Security # ____ - ____ - ____ Departure Date: _____

Destination: _____ Departing From: _____ Return Date: _____

Reason for travel: (no abbreviations)

Estimated travel expenses: Round Trip Mileage _____ (@ _____ cents/mile) _____

****NOTICE****

When claiming reimbursement, an Itinerary, Agenda, or Conference Brochure must be submitted along with receipts for Airfare, Meals, Conference Registration Fees, Rental Car, Taxi, Parking, Other Incidentals, and Hotel (please get hotel state tax exemption form from our office prior to departure).

Airfare/Railfare _____

*Hotel (\$85/night max. in Texas) _____

*Meals (\$36/day max. in Texas with overnight stay) _____

Conference Registration Fee _____

Rental Car (Advantage, Avis or Enterprise only) _____

Taxis, buses, parking, etc. _____

Other _____

Total estimated expenses _____

*See Jane or Martha for out-of-state maximum allowances for lodging and meals.

Traveler Signature	Date	Requested Amount	\$ _____
Approved	Date	Approved Amount	\$ _____

Will classes be missed? ___yes ___no

If yes, fill out the following:

Class	Day/Time of Meeting	Arrangements in my Absence
_____	_____	_____
_____	_____	_____
_____	_____	_____