CAMBRIDGE PUBLIC SCHOOLS TRAVEL REQUISITION FORM Employees not eligible for CEA or Bargaining Units

(M	IUST SUBMIT TO OF	FICE OF CURRICUL	UM & INSTRUCTION	WITH CONFERENCE/	ΓRAINING BROCHU	RE)
Name					Today's Date	
School/Dept					Position	
Home Address					Contact #	
				-		•
Purpose of Request	Conference /				Organization	
	Training Title				Name	
	Location				Dates	
	Other Info					
	Item Description					Estimated Cost
Amount Requested	Air Travel					
		Enter "0" if none]	Miles		
		navigation route a		Rate	\$0.70	
	Car Rental					
	Taxi / Rideshare Service					
	Lodging					
	Nightly Rate		X		# of Nights	
	Meals Per Diem **	\$60.00	x		# of Days	
	** Travel that does not include an overnight stay requires itemized receipts.					
	Special Note: Meals included in conference/training fee should be deducted from per diem.					
	Conference Fees					
	Other (specify):					
	Other (specify).					
	Total					
Budget Codes	Account	Fund	Org/Dept	Program/Grant	Amount	1
	recount	1 dire	OIG/Dept	110gram/ Grant	Tillouit	
Payment Method Requested	M.d. 1 .	CD	Enter "X" if		To.	
	Method of Payment		requested	Date Funds Needed	Payee	Amount
	Pre-Travel Reimbursement *		_			
	Purchase Order to Vendor(s)		-	Cl	D	
	Post-Travel Reimbursement Submit Travel Expense Report a					
	*Note: Pre-travel reimbursement is only allowed for paid airline tickets and paid conference fees. Submit a Travel Expense Report, confirmations and receipts at least six weeks in advance to get reimbursed prior to travel dates.					
	r					
Approvals	Approved:			Approved ^:		
	Principal or Dep	ot. Head	Date	Grant or Sr. Adm	nin.	Date
	^ Grant/Sr. Administrator approval is only required if the funding source is from a grant or district level account.					
Revised 1.3.2020						