				VEL REQUISIT		
(M			2	WITH CONFERENCE/		RE)
Name					Today's Date	
School/Dept					Position	
Home Address					Contact #	
						•
Purpose of Request	Conference / Training Title				Organization Name	
	Location				Dates	
1	Other Info					
	Item Description					Estimated Cost
Amount Requested	Air Travel					
		Enter "0" if none]	Miles		
		navigation route ar		Rate	\$0.565	
	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):					
	Total					
	Account	Fund	Org/Dept	Program/Grant	Amount	
Budget Codes						-
]
			Enter "X" if			
Payment	Method of Payment		requested	Date Funds Needed	Payee	Amount
	Pre-Travel Reimbursement *				<u>y</u>	
Method	Purchase Order to Vendor(s)					
Requested	Post-Travel Rein	mbursement		Submit Travel Expense Report and documentation		
	*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.					
Approvals	Approved:			Approved ^:		
	Principal or Dept. Head		Date	Grant or Sr. Admin.		Date
	^ Grant/Sr. Adminis	strator approval is o	only required if the fu	nding source is from	a grant or district lev	vel account.
Revised 1.3.2020						