

**CAMBRIDGE PUBLIC SCHOOLS TRAVEL REQUISITION FORM**

**Members of CEA Union and Bargaining Units**

(MUST SUBMIT TO OFFICE OF CURRICULUM & INSTRUCTION WITH CONFERENCE/TRAINING BROCHURE)

<b>Name</b>		<b>Today's Date</b>	
<b>School/Dept</b>		<b>Position</b>	
<b>Home Address</b>		<b>Contact #</b>	

<b>Purpose of Request</b>	Conference / Training Title		Organization Name	
	Location		Dates	
	Other Info			

<b>Amount Requested</b>	<b>Item Description</b>				<b>Estimated Cost</b>
		Air Travel			
	Union Auto Mileage [Enter "0" if none] <i>(Must attach online navigation route and map)</i>	Miles		Rate	\$0.40
	Car Rental				
	Taxi / Rideshare Service				
	Lodging Nightly Rate		x	# of Nights	
	Meals Per Diem **		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				

<b>Budget Codes</b>	Account	Fund	Org/Dept	Program/Grant	Amount

<b>Payment Method Requested</b>	Method of Payment	Enter "X" if requested	Date Funds Needed	Payee	Amount
	Pre-Travel Reimbursement *				
	Purchase Order to Vendor(s)				
	Post-Travel Reimbursement		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.					

<b>Approvals</b>	Approved:		Approved ^:	
	Principal or Dept. Head	Date	Grant or Sr. Admin.	Date

^ Grant/Sr. Administrator approval is only required if the funding source is from a grant or district level account.