

**EMPLOYEE OUT OF STATE TRAVEL REQUEST FORM**

Employee ID _____	Date _____
Employee Name _____	School/Location _____
	Position _____
Name of Conference _____	
Location of Conference _____	Total work days impacted _____
Date Leaving _____	<b>Account number for substitute: (if applicable)</b>
Date Returning _____	

ESTIMATED EXPENSES FOR TRAVEL		
(Complete as part of the approval process)		
Registration	_____	<b>Conference Summary and Purpose:</b>
Lodging (including tax) # of days _____ X \$ _____ =	_____	
Airfare	_____	
Mileage (estimated) # of miles _____ X 44.5 =	_____	
Parking	_____	
Taxi	_____	
Shuttle	_____	
Auto Rental	_____	
Other	_____	
# of Meals provided for you by the conference _____	_____	
Meals (You must <u>exclude</u> meals provided for you)	_____	
Sub-Total of Above Costs	\$ _____ -	
Reimbursed by Third-Party	( _____ )	
Amount to be Paid By District	\$ _____ -	
<b>Employee Signature</b>	<b>Date</b>	
<b>Immediate Supervisor Signature</b>	<b>Date</b>	
<b>Cabinet Approval Required for Out of State Travel</b>	<b>Date</b>	
		Additional Budget Requested _____  <b>Additional Budget Approval (Budget Director or CFO)</b> _____ <b>Date</b> _____

**Instructions**

1. Complete all of the above information. Your estimated expenses should be as accurate as possible.
2. Copy the form for your records. Sign and submit the form to your immediate supervisor. Include any additional relevant information with the form (e.g.-registration form, hotel and flight quotes)
3. All out of state travel requires approval in advance of the travel from Cabinet. Please plan and submit to your supervisor accordingly.
4. Forms must be signed by the employee requesting travel and his/her immediate supervisor prior to being reviewed by Cabinet.
5. All reimbursable expenses must follow current District Spending Guidelines, and all Board Policies (Note policy DKC)
6. If an advance is required, submit an AP-Cash Advance Form to AP with a copy of this approved request.
7. All receipts shall be submitted within 30 calendar days of completion of the travel, following requirements for the related submission. (PCard, OOP, Cash Advance)

**PLEASE MAKE A COPY FOR YOUR RECORDS**