

**Independent School District 625  
TRAVEL AUTHORIZATION REQUEST**

Name (Please print) \_\_\_\_\_ Employee Number \_\_\_\_\_

All travel must be pre-approved. It is the responsibility of the traveler to ensure that approval is complete before departure. Please allow a minimum of 30 days to process this request prior to traveling. All travel expenses must be submitted to the Travel Clerk in the Business Office within 15 days after return.

I have read the district's travel policies and procedures and understand my responsibilities. (*Policies and procedures are at [www.businessoffice.spps.org](http://www.businessoffice.spps.org). Click "Procedures" link on navigation bar.*)

I AM AWARE THAT ANY FREQUENT FLYER MILES OR HOTEL AWARD POINTS EARNED CANNOT BE USED FOR PERSONAL TRAVEL.

I have attached a copy of the event brochure and registration form (with a Request For Payment) that lists what is included with the event fee. I understand that without the documentation I will not receive an authorization number.

Step 1 → \_\_\_\_\_  
Signature of Traveler Date

Position \_\_\_\_\_ Work Phone Number \_\_\_\_\_

School/Dept Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Additional E-mail Address where authorization number should be sent \_\_\_\_\_

Event Name \_\_\_\_\_

Event Location \_\_\_\_\_

Purpose of Travel: District or SCIP Initiative \_\_\_\_\_

Dates of Event \_\_\_\_\_ Number of Travel Days \_\_\_\_\_

If the number of days you are traveling exceeds the number of days of the event, please explain:

\_\_\_\_\_

Total Cost \$ \_\_\_\_\_ (Please itemize): Registration Fee \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_ Other travel costs \$ \_\_\_\_\_ (describe briefly) \_\_\_\_\_

Does trip meet district's Staff Development/Grant criteria? \_\_\_\_\_ If Grant, title of Grant \_\_\_\_\_

Budget Code \_\_\_\_\_

Step 2 → Approved \_\_\_\_\_  
Signature of Principal or District/Budget Administrator Date

Step 3 → Approved \_\_\_\_\_  
Signature of Superintendent, Executive Director or Senior Staff Date

Step 4 → TO BE COMPLETED BY YOUR ACCOUNTANT:

Budget Balance \$ \_\_\_\_\_ Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Step 5 → Deliver to 360 Colborne, Business Office, Travel Clerk