

Anthony Independent School District
EMPLOYEE TRAVEL REQUEST

Submit to Campus Support Specialist 28 days prior to trip

Section A	<i>Anthony ISD's Campus Support Specialist will arrange all air reservations and car rentals for all District Departments and Schools. Each employee will handle event registration & hotel reservations.</i>		
TRAVELER INFORMATION	Last Name: _____	First Name: _____	
	School/Department: _____		
	Assignment: _____		
	Notes: _____		
Section B	Note: <i>Attach documentation to support reason for trip.</i>		
TRIP INFORMATION	Reason for Trip _____		
Destination	El Paso _____	Departure Date _____	
Exact Dates of Event	_____	Departure Time _____	
Mtg or Seminar	_____	Return Date _____	
Estimated Mileage (If using private car)	_____	Return Time _____	
Section C	Notes: <i>1. Car rental at destination requires preapproval by Principal/Director. Arrangements will be made by Accounts Payable. 2. Explain if any costs will be reimbursed by an outside source. 3. Include a local fund account number when using federal funds for travel.</i>		
ESTIMATED EXPENSES	Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Substitute Account # _____		
CHECK MODE OF			
Travel/Air \$	_____	Acct. Code #	_____
Personal Auto \$	_____	Acct. Code #	_____
Car Rental \$	_____ (see note 1)	Acct. Code #	_____
Lodging \$	_____	Acct. Code #	_____
Name of Hotel	_____	Single <input type="checkbox"/>	OR Double <input type="checkbox"/>
Hotel Phone #	_____	If Others, Provide Name(s) _____	
Car Rental \$	_____	Acct. Code #	_____
Registration \$	_____	Acct. Code #	_____
Meals \$	_____	Acct. Code #	_____
Miscellaneous \$	_____	Acct. Code #	_____
TOTAL ESTIMATED COSTS	_____		
Note 2 above	<input type="checkbox"/> 100%	<input type="checkbox"/> Other %	\$ _____
Note 3 above	Local Account #: _____		
Section D	Compensation Waiver for Travel by Professional Employees		
APPROVALS	I understand and agree that I will receive no compensation over and above my regular salary in connection with making this trip other than approved expense reimbursement.		
Traveler's Signature	Date	Comments:	
Principal/Budget Administrator	Date	Accounts Payable	Date Superintendent Date

White - Campus Support Specialist Pink - Principal/Budget Administrator Goldenrod - Traveler

Note: Do not leave any lines blank as this may delay your request.