



TRAVEL AUTHORIZATION

Form will be returned if incomplete/Any changes will require a new form

Employee Legal Name (exactly as it appears on your driver's license)	Employee Cell Number:	Date:
District Position/Title:	Campus/Dept.	

Name of Conference, Workshop, Seminar:	
Destination (City, State)	Departure Date:
Conference Dates:	Return Date:
Registration Fee: \$ _____ (attach a copy of <u>registration</u> & <u>agenda</u>) Paid with PO #: _____ Number of Hotel nights: _____ Number of Hotel rooms: _____	<input type="checkbox"/> CISD Vehicle (reserve via Eduphoria) <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Flight (attach copy of driver's license) <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> Rental Car <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening <input type="checkbox"/> I will car-pool with: _____ <hr/> Total in your Budget: _____ Verified by: _____

Preferred Hotel:	<input type="checkbox"/> King <input type="checkbox"/> 2 Queen	Estimated Expenses	Actual Expenses
Per Diem Travel Days (travel to/from) = 2 Days x \$30 = \$60		\$	\$
Number of Additional Full Days _____ x \$40 per day		\$	\$
Same day travel (one way) over 50 miles = \$30		\$	\$
Personal Car: # of Miles _____ x .30¢ per mile (attach map: start at 1900 Crowley Pride Drive Fort Worth, TX. 76036)		\$	\$
Misc. Expenses: gas, parking fees, cab, Uber, Lyft, etc. (post travel, send receipts)		\$	\$
TITLE/GRANT FUNDS & STUDENT TRAVEL MUST INCLUDE RECEIPTS	TOTAL	\$	\$

For **STUDENT TRAVEL** attach agenda and student roster

# of Students _____ # of Sponsors _____ # of Bus Drivers _____	Advanced Expenses	Actual Expenses
Fuel Estimate: # of Miles _____ x .30¢ per mile (attach map: start at 1900 Crowley Pride Drive, Ft. Worth TX. 76036)	\$	\$
# of Student Meals/Sponsor/Bus Driver Meals _____ x \$10.00 (per meal)	\$	\$
Purpose of Student Trip:	Total	\$

Send this completed form to travel@crowley.k12.tx.us along with supporting documents (registration/agenda), map quest, driver's license if applicable & any other pertinent information

Budget code must be complete/Changes must be submitted to dept. secretary/Changes require a new form

FUND	FUNC	OBJ	SUB OBJ	ORG	YEAR	PROG
		6411				
		6412				

PRE-TRAVEL AUTHORIZATION/ALL SIGNATURES ARE REQUIRED BEFORE TRAVEL IS BOOKED	
Signature/Person Traveling:	Date
Signature/Supervisor:	Date
Signature/Budget Owner:	Group/Dept. Number Date