



Travel Request

Name(s): _____

Travel Purpose: _____

Destination (City/State): _____ Bldg/Program: _____

Depart Date: _____ Return Date: _____

Depart Time: _____ AM or PM (Circle One) Return Time: _____ AM or PM (Circle One)

Submit to District
Office (10)
business days
prior to travel.

Please Attach Completed Registration Forms & Required Backup

Registration: Attach copy of conference registration/schedule

PO / P-Card (Circle one if Applicable) _____ = \$ _____
Name & Address _____

Lodging: Hotel _____

PO / P-Card (circle one if Applicable) _____
of Rooms _____ X # of Nights _____ X Room Rate _____ = \$ _____

Meals: (Per Deim only) Breakfast - \$10 x _____ Lunch - \$12 x _____ Dinner - \$18 x _____ = \$ _____
how many? how many? how many?

Transportation:

PO / P-Card (circle one if Applicable) _____
Air Fare: _____ = \$ _____

Private Vehicle / District Vehicle (circle one if Applicable)

(Refer to District Mileage Chart) Round Trip Miles _____ X Rate per Mile _____ = \$ _____

Driver's Name _____

Other Travel Expenses: (Parking, Taxi etc.)

_____ = \$ _____

(Estimated) Total Cost Of Travel Expenses: = \$

Number of Days _____ X Number of Subs _____ X Rate _____ = Total Cost of Subs = \$ _____

Who needs a Sub: _____

(Estimated) Total Cost Of Trip: = \$

I understand that a **Travel Expense Voucher** must be submitted **within 10 business days** of my return.

I am responsible for making **All** travel / lodging reservations & obtaining original itemized receipts.

Travelers Signature (Required) _____ Date _____

**Approval &
Account Codes to Charge**

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ASB Approval

Student Approval Signature

ASB Central Treasurer Signature

Administrator Signature (Required) _____ Date _____

District Office Approval _____ Date _____

Travel Expenses

Substitute Expenses

Please Sign