

**ANNA ISD
TRAVEL PRE-APPROVAL REQUEST**

THIS FORM MUST BE COMPLETED PRIOR TO INITIATING ANY TRAVEL ARRANGEMENTS. IT WILL SERVE AS BACK-UP FOR PAYMENT REQUESTS. **CONFERENCE REGISTRATION MATERIALS ARE REQUIRED.**

EMPLOYEE NAME _____

CONFERENCE OR EVENT NAME _____

LOCATION _____ TRAVEL DATES _____

REASON FOR ATTENDING _____

ESTIMATED EXPENSES

CONFERENCE REGISTRATION \$ _____

LODGING \$ _____

AIRFARE \$ _____

RENTAL VEHICLE \$ _____

GAS (District or Rental Vehicle Only) \$ _____

MILEAGE (Personal Vehicle Only if District Vehicle Unavailable)
Reimbursed at .56 cent per mile \$ _____

MEALS

Meals are provided for out-of-town overnight trips only. Exclude any meals that are provided as part of the conference or hotel stay.

_____ Breakfast X \$13 per day \$ _____

_____ Lunch X \$14 per day \$ _____

_____ Dinner X \$23 per day \$ _____

TOTAL MEALS \$ _____

TOTAL REQUESTED \$ _____

BUDGET ACCOUNT CODE

Employee Signature

Date

Program/Grant Coordinator (if applicable)

Date

Principal/Director

Date