Central Office: Concur Travel Request Checklist

This form will be helpful to provide estimated expenses to the STS to request conference attendance/travel approval.

 Attach/provide your STS with the following information: Freeze Form with justification section filled out (signed by Site Administrator) DOI Justification for offices under Division of Instruction Hotel justification memo/email if over \$300/night Conference flyer stating the date, location & conference fee 3 estimates for airfare, hotel and car rental (if the expenses are covered by District) -Screenshot or printout of the estimates are acceptable 					
Traveler Information					
Today's Date:					
First Name:	MI:	Last N	ame:		
Request Name (Name of event):					
Trip Activity Type: □ Conference – CLASSIFIED	Conference – CERTIFICA	TED	Contractor Audits		
Field Trip – Chaperones	□ Legislative		□ Peer Review		
□ Plant Inspection	□ Recruitment		□ Other Travel		
□ Training/Prof Dev – CLASSIFIED □ Training/Prof Dev – CERTIFICATED					
Travel Start Date: Travel End Date:					
Travel Destination: Local (within 45 miles) In State International Out of State					
Main Destination City: Main Destination Country/Region:					
Purpose (Reason for your attendance): 48 characters limit					
Additional Comments:					
Employee ID #:	Cost Center:				
Travel Expense Information					
\Box Conference Fee or \Box Seminar/Course Fee \$					
Vendor Name/Name of Conference:			🗆 Self-Paid 🛛 District Prepaid		
\Box Air Ticket: \$	Self-Paid 🛛 District Prepaid				
Departure Location:	Return Location:		Airline:		
Departure Time:	Return Time:		Airline:		
□ Baggage Fees: \$	🗆 Self-Paid 🛛 District Prepaid				
□Hotel: \$ □ Sel	Self-Paid 🛛 District Prepaid				
Check-In Date:	Check-Out Date:				
Location of the Hotel (City/State):					

Is the hotel expense less	than \$300? □ Yes □ No	*District has a li	mit of \$300/night policy including taxes & fees		
If NO, select why:					
\Box 2 more employees in \dot{c}	□ 2 more employees in 1 room □ Event located on hotel site □ Health/Safety concerns				
□ Hotel rate is higher for area □ Limited Hotel Inventory					
□ Other (State your reason):					
□ Parking: \$	Location (City/State):		Vendor Name:		
□ Taxi: \$ Including Lyft and Uber	Vendor Name:				
□ Train: \$	Vendor Name:		🗆 Self-Paid 🛛 District Prepaid		
□ Car Rental: \$	□ Self-Paid □ Distric		nost cases, the Car Rental company will require ID to match the credit card on file.		
Vendor Name:					
Pick-up City:	Drop-off City:				
Pick-Up Date:	Date: Drop-off Date:				
Pick-Up Time:		Drop-off Time:			
\Box Fuel expense for the Car Rental? \Box No \Box Yes: \$					
Personal Car Mileage (Travel Mileage): miles *Attach a map showing the mileage					
□ Per Diem Half-day: departing to trip after noon /returning from trip before noon					
Full-day: departing to trip before noon / returning from trip after noon					
Total # day of trip:	Total # of full days:	То	tal # of half days:		
Total # of meals provided (lunch, dinner):					
□ Sub Teacher Costs: #	t of days: D	ates:	to		
□ Miscellaneous: \$ Specify/Explain:					
\Box If you know the expense budget line, please provide it here:					
\Box If you know the expense	budget line, please provide	e it here:			

*Site Travel Specialists please make sure all forms are uploaded to Concur when submitting the travel requests