

School: 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 Principal)
- Transmittal Form for out-of-state travel
- Division of Instruction required Justification
- 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 Name:

Request Name (Name of event):

Trip Activity Type:

- Conference – CLASSIFIED Conference – CERTIFICATED 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

Conference Fee or Seminar/Course Fee \$

Vendor Name/Name of Conference:

Self-Paid District Prepaid

Air Ticket: \$ Self-Paid District Prepaid

Departure Location:

Return Location:

Airline:

Departure Time:

Return Time:

Airline:

Baggage Fees: \$

Self-Paid District Prepaid

Hotel: \$

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 limit of \$300/night policy including taxes & fees*

If NO, select why:

- 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: \$ Vendor Name:
Including Lyft and Uber

Train: \$ Vendor Name: Self-Paid District Prepaid

Car Rental: \$ Self-Paid District Prepaid ** In most cases, the Car Rental company will require your ID to match the credit card on file.*

Vendor Name:

Pick-up City: Drop-off City:

Pick-Up Date: Drop-off Date:

Pick-Up Time: Drop-off Time:

Fuel expense for the Car Rental? No 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: Total # of half days:

Total # of meals provided (lunch, dinner):

Sub Teacher Costs: # of days: Dates: to

Miscellaneous: \$ Specify/Explain:

If you know the expense budget line, please provide it here:

Cost Center: Fund: Functional Area: Expense Total:

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