

WAXAHACHIE ISD
Staff Travel Pre-Approval Request Form

TRAVELER INFORMATION

NAME _____
CAMPUS/DEPT. _____
DEPARTURE DATE _____ TIME _____
RETURN DATE _____ TIME _____
STATE(S) TRAVELING TO: _____

EVENT INFORMATION

TITLE _____
DESCRIPTION/PURPOSE _____
DESTINATION _____
START DATE _____ TIME _____
END DATE _____ TIME _____

REQUEST OVERVIEW & JUSTIFICATION

IS THIS REQUESTED TRAVEL IN-STATE OR OUT-OF-STATE? IN-STATE OUT-OF-STATE

HAVE YOU TRAVELED OUT OF STATE FOR PROFESSIONAL DEVELOPMENT IN THE PAST FIVE (5) YEARS? YES NO

IF YES, PLEASE DESCRIBE THE PURPOSE FOR THE TRAVEL, CONFERENCE(S) ATTENDED, DESTINATION, DATE(S)/YEAR(S) TRAVELED AND ANY OTHER SUPPORTING INFORMATION:

HOW WILL THIS TRAVEL BENEFIT YOUR CAMPUS AND/OR WAXAHACHIE ISD?

IS SIMILAR TRAINING AVAILABLE LOCALLY OR WITHIN THE STATE OF TEXAS? YES NO N/A

IS THIS TRAVEL ASSOCIATED WITH A GOAL AND ACTION IN THE CAMPUS IMPROVEMENT PLAN? YES NO

IN THE DISTRICT IMPROVEMENT PLAN? YES NO

IF YES, PLEASE LIST THE GOAL AND ACTION THAT SUPPORTS THE NEED FOR THIS TRAVEL REQUEST:

DESCRIBE HOW YOU WILL IMPLEMENT THE INFORMATION OR STRATEGIES LEARNED AS A RESULT OF THIS CONFERENCE/PROFESSIONAL DEVELOPMENT:

AUTHORIZATION

EMPLOYEE SIGNATURE _____	DATE _____
PRINCIPAL/DEPT. HEAD _____	DATE _____
PROGRAM DIRECTOR _____	DATE _____
ASSISTANT SUPERINTENDENT _____	DATE _____
SUPERINTENDENT (IF OUT-OF-STATE) _____	DATE _____

NOTES

1. EMPLOYEES MUST ENSURE FUNDS ARE AVAILABLE PRIOR TO REQUESTING PERMISSION TO TRAVEL.
- 2 THIS FORM MUST BE APPROVED PRIOR TO COMPLETING ANY FURTHER TRAVEL PAPERWORK REGARDING EMPLOYEE TRAVEL.
3. A BROCHURE WITH CONFERENCE DATES, TIMES, & AGENDA MUST BE ATTACHED TO THIS FORM.
4. ALL TRAVEL MUST FOLLOW THE APPROVED ADMINISTRATIVE GUIDELINES FOR DISTRICT TRAVEL.
5. ACTUAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES
6. REQUESTS FOR REIMBURSEMENT MUST BE SUBMITTED TO ACCOUNTS PAYABLE WITHIN TEN (10) CALENDAR DAYS OF TRAVEL COMPLETION.
7. PER DIEM MEAL ALLOWANCE IS ONLY PERMITTED FOR TRIPS THAT REQUIRE AN OVERNIGHT STAY.