## GALVESTON INDEPENDENT SCHOOL DISTRICT AUTHORIZATION FOR TRAVEL

## Type of Request (Select ONE):

Request for Travel – Pre Travel Approval					Request for Travel – Final Report			
** <b>A</b> <b>PART I</b> (REQUIRED PRIC	<b>PPROVED PURCHA</b> OR TO ANY TRAVEL		REQUIRED	PRIOR T	O ANY DISBUF	RSEMENT	-S**	
Name of Applicant Position								
Campus or Department:					Date Submitted			
Account Code:	-	•	-	•		•	•	
Destination	Reason/Purpose							
Departure	ure			AM	PM	*Meal Chart	*Meal Chart You must	
Date:	:: Time					To be eligible for leave before		Or Return After
Return Date:	Time			AM	PM	Breakfast	6:00 a.m.	6:00 a.m.
Applicant			Date			Lunch Dinner	12:00 p.m. 6:00 p.m.	12:00 p.m. 6:00 p.m.
Direct Supervisor Approval			Date		Exception (Asst Supt, Chief HCM)  Date t of State (Supt)			
PART II – EXPENSE REF	PORT					_		
EXPENSE SUMMARY	LINK: Comptrol MILEAGE LINK:	er Mileage Rate Google Maps					SUBMIT <b>AFT</b> FROM TR	
*See Meal chart above Local Fund Expenses			Grant Fund Expenses**		Purchase Order Number		Actual Expense (See Notes Below)	
*Meals - Breakfast X \$14.00 \$ _		\$	\$				\$	
Lunch	X \$16.00							
Dinner	X \$20.00		<u> </u>					
Meal Total		\$	\$				\$	
Mileage X \$.56		\$	\$				\$	
Hotel (exclude State Tax) \$		\$	\$				\$	
Registration		\$	\$				\$	
Parking		\$	\$				\$	
Other:		۶	\$		_		\$	
	TOTAL:	\$	\$				\$	
					Total	Receipts:		
						Advance:		
			Settle Up	(If negativ	ve, enclose check	or cash):		
the meal per 2. GRANT funds within 5 days		eeded. EMIZED meal rece at Department fund rsements.  AL TRAVEL REPORT: By	eipts and and ding travel	re due al . Please v, I certify t	long with any o allow 10 busin	other rece ness days	eipts for reimbu from date of	ursement

Employee Signature (to be signed upon return)

Date