

EMPLOYEE TRAVEL CHECK LIST

(MUST BE ORIGINAL FORMS - **NO** COPIES, FAX OR SCAN EMAIL)

- Travel Training Request Form
- Agenda with dates and cost of registration
 - Vehicle Request

If flight is required please attach a copy of your State Identification

Please submit complete paper work to expedite your request with appropriate signatures



MUST SIGN BOTH SIDES

Travel/Training Request Form

Justification for Training

Date Submitted: _____ Site/ Department: _____

Name of Requestor: _____ Position: _____

Requestor's Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

☞☞ An agenda for the conference/training/workshop/meeting MUST be attached to this form ☞☞

Title of Conference/Workshop/Meeting: _____

Name of Presenter(s) or Organization: _____

Location of Conference/Workshop/Meeting: _____

Conference Date(s): From: _____ To: _____

Other GISD employee(s) attending: _____

Justification for Travel

Is this opportunity being provided anywhere in New Mexico in the future? Yes No

Is the information provided during this conference/training New Supports Current Activities?

Content Area/Program training will support: _____

Source of Funding for this trip (Account #): _____

How does this professional development increase your ability to support student/teacher learning and the district/school EPSS?

No Travel Expense To GISD (if travel expense to District, turn in Travel Reimbursement Voucher)

Date/Time of Departure: _____

Date/Time of Return: _____

Substitute Required:

No Yes Dates: _____ Substitute Account #: _____

Requestor's Signature

Date

Supervisor's Signature

Date

Superintendent or Designee's Approval

Date

✘✘ FORM MUST BE TURNED IN 2-WEEKS PRIOR TO ACTUAL DATE OF DEPARTURE ✘✘

GADSDEN INDEPENDENT SCHOOL DISTRICT NO. 19
 REQUEST FOR USE OF DISTRICT OWNED ACTIVITY VEHICLES
 PLEASE SEND ALL REQUESTS TO THE SUPPORT SERVICE OFFICE

DISTRICT OWNED ACTIVITY VEHICLES TRIP TICKET

Line Item: _____ School Site: _____
 Supervisor's Approval: _____ Purpose: _____

Destination: (City & State)	No. of people making The trip (including driver (9 total occupants only)
Departure Date: Time from: Route Desc:	Return Date: Time from : Route Desc:
Name of Certified Driver:	Estimated Mileage (Total)
Date Requested (5 class day required): Requested By:	Date Approved: Approved By:

I acknowledge receipt of the described vehicle, credit cards and keys.

Departure Odometer Reading:	Returning Odometer Reading:	Miles Driven:
Gas Purchased:	Vehicle Number Assigned: (for official use only)	
Credit Cards: Chevron <input type="checkbox"/> Texaco <input type="checkbox"/>	Key Identification: (for official use only)	

NOTE: IF VEHICLES ARE NOT PICKED UP AN HOUR BEFORE SCHEDULED TIME,
 VEHICLE REQUEST WILL BE CANCELED.

Key Agreement:

1. I will personally be responsible for keys issued to me and will not lend them to anyone for any purpose whatsoever.
2. I will make sure that all doors opened by me are securely locked upon leaving the premises.
3. In the event I lose a key(s), I will immediately notify my immediate supervisor. Furthermore, I understand that I may be required to pay for the expense incurred per key for similar keys which have been issued to other people.
4. I am aware that a maximum of eight students may be transported in a 9-passenger district activity vehicle; the number of students allowable shall decrease as the size of the vehicle decreases.

I fully understand and accept the foregoing agreement.

 Signature Home Phone Number Date

Applicant Copy Finance Department Transportation Department