



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, complete Travel Expense Estimate/Per Diem or Actual Estimate/Approval section, page two of this form.)

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 20 WORK DAYS PRIOR TO ACTUAL DATE OF DEPARTURE ✘✘



Travel Expense Estimate

Name of Requestor: _____ Date: _____ Site: _____

Method of Travel and/or Transportation

Date/Time of Departure: _____

Date/Time of Return: _____

GISD Vehicle Personal Vehicle (Only if there is no GISD vehicle available)

Estimated gas receipts expense \$ _____

Airfare Depart: _____ Destination: _____ \$ _____

Other Travel Expense (specify): _____
_____ \$ _____

Per Diem or Actual Estimate/Approval

Per Diem (Meals & Lodging)

Cost Estimate: _____ Days X \$ _____ Per Day = \$ _____

_____ Hrs. (Partial Day) = \$ _____

Total per Diem = \$ _____

Actual Expenses (with approval of Superintendent or designee only) \$ _____

Rental Car (with approval of Superintendent or designee only) _____ Day(s) X \$ _____ Per Day = \$ _____

Justification for Actual Expenses in Lieu of Per Diem: **ATTACH JUSTIFICATION MEMO**

Actual Expenses or Rental Car Approval of Superintendent or Designee: _____ Date: _____

Signatures / Approvals – FOR AUTHORIZATION OF TRAVEL EXPENSE ENCUMBRANCE ONLY:

(Signatures indicate approval to encumber funds, actual reimbursement requires separate approval and forms)

Payee: _____ Date: _____

Supervisor: _____ Date: _____

Control Agent: _____ Date: _____

Travel Clerk: _____ Date: _____

✂ FORM MUST BE TURNED IN 20 WORK DAYS PRIOR TO ACTUAL DATE OF DEPARTURE ✂