

TRAVEL REQUEST FORM

Instructions - This Travel Request Form is for use by JPS traveler. Complete the items pertinent to the trip. Attach conference brochure. Route to the appropriate authorizing persons. Prior to submitting Travel Request Form, please review "Checklist"

FILL FORM OUT COMPLETELY. PLEASE PRINT. RETURN TO ACCOUNTS PAYABLE DEPARTMENT.

Required by Dept of Homeland Security and Transportation Security Administration

NAME _____
(as it appears on your government-issued ID)

DATE OF BIRTH (mm/dd/yyyy): _____
GENDER: ___M ___F

BUDGET STRING _____ -900- _____ - _____ - 580- _____ (Required - Funds Must Be Available)

ESTIMATED COST OF TRIP \$ _____

EMPLOYEE # _____

WORK LOCATION _____

WORK # _____

ALTERNATE # _____

DATES AND LOCATION OF TRAVEL (attach copy of conference brochure)

TRAVEL DATE(S) From _____ To _____

CONFERENCE TITLE _____

CONFERENCE LOCATION _____

PURPOSE _____

HOTEL RESERVATION: Made by Traveler? Yes No **TO BE MADE BY AP STAFF?** Yes No
CONFIRMATION #: _____ (Standard Room - two double or one king)

Preference # 1 _____
(must be conference hotel)

Address _____

Preference #2 _____

Address _____

Preference #3 _____

Address _____

REGISTRATION FOR STAFF DEVELOPMENT (WORKSHOPS, SEMINARS, CONFERENCES, TRAINING)

TITLE & LOCATION _____

TRANSPORTATION (check mode of transportation)

Enter estimates of time you prefer to travel.
 Rental Car (AP staff will reserve!)

Airline Train Personal Car

First Day Departure Time _____ am pm

Last Day Return Time (leave destination) _____ am pm

Is this sponsored travel - not paid with JPS funds ? Yes No

If yes, sponsoring organization: _____
 Portion of Travel Being Paid by Sponsor: Meals Airfare Hotel Registration

TRAVELER RESPONSIBILITY & ACKNOWLEDGEMENT

Traveler is responsible for **INCIDENTALS**. If travel arrangements are changed because of a non-District related event, the traveler will be responsible for reimbursing the District for any prepaid costs. Any changes that result in additional fees must be approved by the funding source and the traveler's supervisor. When the cancellation processes are not followed, then any cost incurred becomes the responsibility of the traveler. With his or her signature, traveler accepts the above.

Signature of Traveler _____ Date _____

Approved by Immediate Supervisor _____ Date _____

Approved by Funding Dept. _____ Date _____

Approved by JPS Superintendent _____ Date _____