

Must be completed and obtain authorization signatures PRIOR to traveling.

1 Employee Information *Must be completed or form will be returned*

EMPLOYEE NAME		EMPLOYEE I.D. NUMBER	LOCATION
POSITION	<input type="checkbox"/> Teacher/PAT	<input type="checkbox"/> Licensed Staff	<input type="checkbox"/> Parents / Volunteers
	<input type="checkbox"/> PFSP	<input type="checkbox"/> Administrator	<input type="checkbox"/> Other _____
HOME ADDRESS		HOME PHONE NO.	WORK PHONE NO.

Approval will be by email

EMAIL _____

2 Authorization for Site Visits or Seminar/Conference/Course *Attach a copy of an agenda / brochure*

NAME OF SEMINAR / CONFERENCE / COURSE		ORGANIZATION OR INSTITUTION	
LOCATION (CITY / STATE)	DATE OF SEMINAR / CONFERENCE / COURSE	DEPARTURE DATE / TIME	RETURN DATE / TIME
BUSINESS REASON FOR ATTENDING (BE SPECIFIC)			

3 Travel Requirements and Estimated Expenses

ESTIMATED EXPENSES		DO YOU WANT DISTRICT TO PREPAY REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, ATTACH A COMPLETED REGISTRATION FORM	
		FUND	FUNCTION (Program)
		OBJECT (Account)	SITE LOC
		AREA (Class)	PROJ
		DEPT ID	
Registration Fees \$ _____	How will this be paid: <input type="checkbox"/> PFSP <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Materials / Books \$ _____	How will this be paid: <input type="checkbox"/> PFSP <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Airfare \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	CANNOT USE PROCUREMENT CARD	
Baggage \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Car Rental \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Gas \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	CANNOT USE PROCUREMENT CARD	
Mileage \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Parking \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Shuttle / Taxi \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Lodging: Hotel / Motel \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	<input type="checkbox"/> CHECK IF USING PROCUREMENT CARD	
Meals or Per Diem \$ _____	How will this be paid: <input type="checkbox"/> PAPSA <input type="checkbox"/> PAT <input type="checkbox"/> OT/PT	CANNOT USE PROCUREMENT CARD	
Total Estimated Expense \$ _____		Travel Advance Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: \$ _____	

4 Authorization Signatures *Licensed employee certifies that college credit will not be received. I hereby authorize advanced amounts not supported by proper receipts to be deducted from my pay check.*

EMPLOYEE MAKING AUTHORIZATION REQUEST	DATE	OTHER AUTHORIZATION, IF REQUIRED	DATE
X		X	
PRINCIPAL/ADMINISTRATOR	DATE	EXECUTIVE COMMITTEE AUTHORIZATION, IF REQUIRED	DATE
X		X	

AUTHORIZATION DOES NOT GUARANTEE APPROVAL OF FUNDS. If this event is NOT ATTENDED, you must advise the Travel Desk at 503-916-3112 or traveldesk@pps.net in order to update your PDF account.