**SCHOOL ACTIVITY AND BUSINESS TRAVEL REQUEST TR#**

TR

To navigate within the form press “Tab” or “Click” to required fields do not use the “Enter” key. Click the undo button if “Enter” is accidentally pressed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Section 1 – Basic Information & Substitutes | Person(s) Making Trip: | | | | **JoLynn Baughman** | | | | | | | Work Location: | | | **Rim Rock** | | |
| Others Making Trip: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Event / Meeting: | | **Jury Duty** | | | | | | | | | | | | | | |
| City: | **GJ** | | | | | | State: | | **Colo** | Dates of Travel (From): | | | **09/24/15** | | (To): | **09/24/15** |
| Substitute Required: | | |  | | Yes |  | | No | | | | (MM/DD/YY) | | | | (MM/DD/YY) |
| If Yes, please complete Section 2 or list an appropriate acct code to be charged: # | | | | | | | | | | | | | | | | |

Complete if all or part of the expense of this request is to be billed or is to be reimbursed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 2**  **Billing** | Check the appropriate expense(s) to be reimbursed: | | | | | | | | | | | | | | | | | | |
|  | Substitute | |  | Transportation |  | Registration | |  | Lodging |  | Meals | |  | | Other |  | | |
| Bill To: | | **Human Resources** | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | City: |  | | | | State: | |  | | | Zip |  |
|  | |  | | | | |  |  | | | |  | |  | | |  |  |

Attach the original AND a copy of the registration and lodging forms. *For airfare, attach the original invoice.*

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| Section 3  **Cash Advance** |  | | | | | | | | | Amount | | | Ck or Card # |
| **Transportation** (payable to) | | | |  | | | Or Mileage, # of miles |  | $ |  | |  |
| **Registration** (payable to) | | | |  | | | | | $ |  | |  |
|  | Mail: supply address | | |  | | | | |  |  | |  |
| **Lodging** (payable to) | | |  | | | | | | $ |  | |  |
|  | Mail: supply address | | |  | | | | |  |  | |  |
| **Meals** (person making trip unless otherwise stated) | | | | |  | | | | $ |  | |  |
| **Miscellaneous** (person making trip unless otherwise stated) | | | | | |  | | | $ |  | |  |
|  | | | | | | | | | | | | |
| Account Code(s) | |  | | | | | | | | | $ |  |
|  | | | | | | | | | | | $ |  |
|  | | | | | | | | | | | | |

A roster is required for all out of District trips and must be on file in the Transportation Office prior to departure.

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| **Section 4**  **Transportation** |  | | | Gas Card | | | | | | *Indicate how many of the following modes of transportation you will require:* | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | School SUV | | | | |  | School Activity Vehicle | | | | |  | School Bus | | | | | |  | | Commercial Bus | | | |  | Rental Car |  | Personal | |
|  | . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | School | | | |  | | | | | | | | | | Name of Group | | | | | | | | |  | | | | | | | |
|  | Point of Departure | | | | | | |  | | | | | | | Destination | | | | | | |  | | | | | | | | | |
|  | Requested By | | | | |  | | | | | | | | | Number of Students | | | | | | | | | |  | Total Number of People | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | List Qualified Drivers | | | | | | | | | | | | |
|  | Date/Time Required (mm/dd/yy) | | | | | | | | | |  |  |  | | |  |  |  |  |  | | | | | | | | | | |  |
|  | Date/Time Return By: | | | | | | | | | |  |  |  | | |  |  |  |  |  | | | | | | | | | | |  |
|  | **Attach an itinerary for all bus trips.** | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | Account Code(s): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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**SECTION 5 – Special Notes**

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