

BUSINESS TRAVEL FORM

This form must be submitted for approval prior to the time you are requesting to travel.

TRAVELER DETAILS:

Name: _____ Today's Date: _____ Employee /ID: _____

Campus: (select one) 001 - Bryan 102 – Tidwell District

BUSINESS TRAVEL REASON:

School Business: _____

Conference: _____

Staff/Professional Development Workshop: _____

First day of travel: _____ Last Day of Travel: _____

All Day Travel Half Day Travel

Is any personal travel included in this time? Yes No

If yes, how may personal days: _____

Total Business Days: _____

SUPERVISOR SIGNATURE NEEDED FOR PRE-APPROVED BUSINESS TRAVEL

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Name of substitute: _____