



BERNALILLO PUBLIC SCHOOLS
Travel Request Form

Name: _____ Location/School Site: _____
Date: _____ Destination: _____
Depart: _____ Return: _____

Check one: In-State Travel Out-of-state Travel

Purpose/Reason for Trip:

Benefit to students (How will information/training be shared?):

Benefit to colleagues (How will information/training be shared?):

Cost to the school district for the trip:

Do conference fees include meals? YES or NO **Conference information must be attached!**

***Funding Source (account code):

****Voluntary cancellation of an approved travel by the employee will result in the employee being financially responsible for any and all prepaid registration fees, airfare, hotel and other travel costs.*

_____ (Employee signature)

Supervisor/Administrator's Signature

Date

Fund/Grant Manager Signature

Date

Final approval for travel will be determined by the Superintendent and Business Office