



Out-of-State Travel Request Form for Staff Members

The following travel request form is intended for use by EMS ISD staff members who wish to attend an out-of-state conference or training. After completing, please submit this form to your supervisor.

NAME OF PERSON(S) TRAVELING _____

NAME OF PERSON MAKING REQUEST _____

CAMPUS/DEPARTMENT _____

DESTINATION _____

DATES OF TRIP _____

NUMBER OF CLASS DAYS MISSED _____

PURPOSE OF TRIP _____

TYPE OF TRANSPORTATION _____

WHAT IS THE FUNDING SOURCE? EXPLAIN _____

WILL A TRAVEL AGENT BE INVOLVED WITH ORGANIZING THE TRIP? _____

If yes, please provide the contact information of the Travel Agent below.

NAME OF AGENCY _____

ADDRESS _____

CONTACT PERSON _____

CONTACT PHONE NUMBER _____

EMAIL ADDRESS (if possible) _____

PRINCIPAL APPROVAL _____ DENIED _____ Date _____

DIRECTOR APPROVAL _____ DENIED _____ Date _____

SUPERINTENDENT APPROVAL _____ DENIED _____ Date _____