

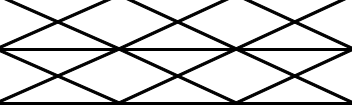


# Dilley ISD

## Travel Authorization Form

This form and all necessary documentation **MUST** be submitted before approval will be given.

The form must be completed at least **10 days** prior to the day of travel.

Every person traveling must complete a Travel Authorization Form

Traveler:					Today's Date:			
Additional Travelers:								
Campus/Department:								
Event Name/Location								
Accomplished obj. of Grant								
Departure From:			Date:			Time:	am/pm	
Return From:			Date:			Time:	am/pm	
<b>Category</b>	<b>Detail</b>					<b>Requested Funds</b>		
Registration	Vendor:					\$		
	(Attach Event Registration Form and Schedule)							
		<b>Miles</b>	<b>Days</b>	<b>Rate</b>				
Transportation  Please request using the blue  form, this form does not reserve  the district vehicle.	District Vehicle			\$0.37	\$			
	Parking				\$			
	Tolls			<b>Estimated</b>	\$			
	Private Vehicle/Rental			\$0.17/\$0.655	\$			
Flight	Flight (Attach preferred flight schedule - Round trip)					\$		
	Taxes & Fees					\$		
Lodging	Hotel				\$			
	Taxes (City)				\$			
Traveler Meals  See guidelines for allowable meals	Breakfast			\$9	\$			
	Lunch			\$12	\$			
	Supper			\$15	\$			
Total Cost of Travel						\$		
<b>Budget Reviewed</b>		<b>CIP Goal and Objective</b>						
<b>Date</b>	<b>Initial</b>	<b>Fund</b>	<b>Function</b>	<b>Object</b>	<b>Sub Obj</b>	<b>Org</b>	<b>Year</b>	<b>Prog Int</b>
<b>I certify that I have read and accept responsibility for compliance with the DISD Travel Guidelines.</b>								
Traveler:		Date:		Supervisor:		Date:		
Dir. Fed. Program:		Date:		Admin Facilitator:		Date:		
Travel Request Number:		Date:		Superintendent:		Date:		
Date Received in Business Office:								