Today's Date:

_____

Professional Leave/Travel Request Form

Professional Leave/Travel Process

- The requestor sends the completed Professional Leave/Travel Request Form **two (2) weeks in advance** of the travel date to the Office of Academic Services for approval
- After District review and approval, the request will be submitted to the Business Office for check processing
- All checks will be cut according to the Business Office's weekly schedule and then returned to the site for distribution
- **Receipts or unspent money must be returned to the Business Office for expenses other than per diem** (i.e. baggage, parking, etc.)

Please list only one person per form

It is requested that _____ be authorized to take professional leave to attend _____, a professional development opportunity.

Dates: _____

City: _____ **State:** _____ **Zip:** _____ **Phone # of Person Traveling**: _____

A Per Diem of $_____ is requested (*Meals Only- Daily per diem is $50.00 for 3 meals & $25.00 for 2 meals - No receipts needed for food*)

Other Expenses (i.e. luggage, shuttle, parking) $_____ (*Receipts Required*)

PO#: _____ **Sub Needed:** _____ **Funding Source**:_____

Approved/Denied:_____ **Approved/Denied**:_____

(Circle One)   *Principal/Supervisor*   **Date**   (Circle One)   *Central Administration*   **Date**

Hotel Reservation
(Please request tax exempt status in Colorado)

Hotel:_____ **Phone: (____)** _____

Address:_____ **City:**_____ **State:**_____ **Zip**:_____

Reservation Confirmation #:_____ **Continental Breakfast?** _____

Check-in Date:_____ **Check-out Date**:_____

Other Expenses:_____ (*Receipts Required*)

PO#: _____ **Method Of Payment**:_____ **AMOUNT TO BE PAID: $_____**

Conference Registration/Other

Organization: _____ **Phone: (____)**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Please attach Registration Form – To avoid duplication, please indicate if you have already registered by:

Fax____ Phone____ Internet____

PO#:_____ **Method of Payment**:_____ **AMOUNT TO BE PAID: $_____**

Transportation Information
(This form does not reserve a vehicle)

I have submitted a request to the Transportation Dept. _____

I need a gas card _____

I will not need transportation _____

I had to reserve an external rental car _____

Company:_____ PO#:_____ Method of Payment**:**_____

AMOUNT TO BE PAID: $_____

If using Airfare, complete the following

Airline:_____

PO#:_____ **Ticket Amount:** $_____ **Method of Payment:**_____

AMOUNT TO BE PAID: $_____

Notes:

_____

_____

_____

_____

Expense Summary

Per Diem $_____   Hotel $_____

Conference $_____   Transportation $_____

Flight $_____   Other $_____

Total $_____

Revised 8/18/2016