

**SECOND MESA DAY SCHOOL
TRAVEL/VEHICLE REQUEST FORM WORKSHEET**

SY 2023-2024

Rev. 1/2024

Attach Travel Information, i.e. Flyer, Brochure, Pamphlet, and Completed Requisition for Registration

Name of Traveler:		Title:		Date of Request	
Department and Location:			Traveler is (Check one) Staff _____ School Board _____ Parent _____ Student _____		
Business Purpose (check one) Conference _____ Training _____ Meeting _____ Other _____ Explain:					
Object and Necessity of Travel (Attach Substantiating documents, i.e. Literature/Booklet):					
Date(s) of Event:			Event Start and End Time:		
Name of place where the event will be held, Address, City, State & Zip Code				Telephone Number:	
Traveling to:		Travel date:		Day:	Depart Time:
Return to: Second Mesa, AZ		Return date:		Day:	Return Time:
WHO WILL COVER YOUR DUTY/CLASSROOM WHILE TEMPORARILY AWAY FROM DUTY?					
Name & Department:					
MODE OF TRAVEL					
This request must be routed to Transportation Supervisor if Requesting for GSA				Travelers utilizing POV:	
<input type="checkbox"/>	Reserved GSA for requested travel date.			<input type="checkbox"/>	Copy of Driver's License
<input type="checkbox"/>	Use of privately owned automobile if NO government furnished automobile is available.			<input type="checkbox"/>	Copy of POV Ins. Provided
<input type="checkbox"/>	Authorized use of privately owned automobile showing of advantage to the government.			<input type="checkbox"/>	Initial of person receiving.
BASED ON ABOVE METHOD OF TRANSPORTATION TRAVELER WILL USE GSA _____ POV _____					
Transportation Supervisor Signature _____			Date _____		
* If travelers personal choice of privately owned automobile and chooses to by-pass the Transportation department, traveler will be given the minimum rate per mile.					
*When using personal owned automobile, your signature is certifying you have a valid Arizona driver license and the required insurance automobile coverage.					
TRAVEL ITINEARY INFORMATION					
Hotel Name, Address, City, State & Zip Code:				Telephone Number:	
Date Checking In:		Day:		How many nights:	
Date Checking Out:		Day:			
Total estimated cost (Itemize). Note: Rate for meals and lodging should not exceed those provided in the standard Travel Regulations at www.gsa.gov .					
Lodging Cost: _____		Parking/Toll: _____			
Mileage (_____ Miles @ _____ cents): _____		Car Rental: _____			
Meals (Per Diem Rate): _____		Airfare: _____			
Registration Cost: _____		Other (specify): _____			
IMPORTANT: REQUISITION MUST BE COMPLETED AND APPROVED ALONG WITH THE REGISTRATION FORM					
How will you be registering? Online _____ Fax _____ Telephone _____ Mail _____ Other _____					
Method of Payment: Purchase Order _____ Check _____ Credit Card _____ Other _____ Amount \$ _____					
REQUIRED SIGNATURES					
Employee:				Date:	
Employee's Supervisor:				Date:	
Principal:				Date:	
Business:				Date:	
Human Resources:				Date:	
Section 4.08 School-year employee who receives training at School expense during the summer is expected to work for the School the following year. Any employee who chooses not to work at the School during the year following summer training shall reimburse the School for the cost of the training. Training paid by the School during the School year is exempt from this ruling. Section 4.20 Business Travel Expenses. When travel is complete employees should submit completed travel expense reports with original receipts attached within five (5) days.					

Account Code # _____

TA # _____