

AISD REQUEST FOR SHORT LEAVE

COMPLETE in FULL and SUBMIT AT LEAST THREE WEEKS PRIOR TO LEAVE DATE.

Prior approval for all out-of-district travel shall be obtained before any expenses, including prepaid expenses, are incurred.

Name: _____ Campus/Dept. _____ Current Date: _____
MM/DD/YYYY

Employee ID# _____ Title of Conference/Meeting: _____

Conference Location (city/state): _____ Sponsoring Organization: _____

Conference Dates: _____ Participant's Job Assignment: _____

Absence Dates: _____ (For District Meetings, you may list more than one date, up to 3 dates)

IF EXPENSES ARE NOT DOCUMENTED ON THIS SHORT LEAVE, RE-APPROVAL WILL BE NECESSARY FOR REIMBURSEMENT

ESTIMATE OF EXPENSES:

Registration: (Please attach conference information) \$ _____

Air Fare: (attach airfare printout)

- If airfare is changed for any reason other than an emergency, the additional charges incurred will be the traveler's responsibility. I have read and understand these terms. **Traveler's initials** \$ _____

Meals: GSA rate \$ _____. (Meals are not reimbursable within the Houston area.)

- Must submit **itemized meals receipts** with your travel and expense voucher at the return of the trip.
- Meals are **\$41 (tips included) per day anywhere in Texas**. Federal funds will not provide reimbursement for tips.....\$ _____

Hotel: GSA rate w/out taxes _____ Sharing Room: Yes No Name: _____

Daily rate w/out taxes: \$ _____ Is the daily rate higher than GSA rate per person? Yes No

- Only the GSA amount plus taxes on that amount can be paid for hotel charges from federal funds. Any extra charges incurred will need to be paid by the traveler or be reimbursed from a local budget code with prior approval.

Approved **Denied** **Area Superintendent/Director Initials:** _____

Contact hotel for breakdown of taxes, fees, etc. Employee must present Texas Hotel Occupancy Tax Exemption form to the hotel upon arrival.

Estimated hotel rate including taxes/fees = \$ _____ x _____ # of days = **TOTAL HOTEL COST**.....\$ _____

Mileage/Parking/Tolls/Baggage Fee/Other:

- Attach MapQuest printout: _____ miles x _____ mileage rate = \$ _____
- Maximum of \$12 per day will be allowed for airport parking: _____ days x \$ _____ rate = \$ _____
- Hotel parking: \$ _____ daily rate x _____ days = \$ _____
- Provide toll receipts or print out of EZ tag charges: \$ _____
- 1 bag each way reimbursable. Overweight charges are not reimbursable: \$ _____
- Other – taxi, Uber, shuttle, etc. _____ **TOTAL**.....\$ _____

TOTAL NOT TO EXCEED \$ _____

Participant's Signature: _____

My signature reflects my understanding of the travel policy and I will adhere to the terms of this policy.

Supervising Principal/Administrator/Coordinator _____ Date _____

Federal Funds (if applicable) _____ Date _____

Area Superintendent/Director _____ Date _____

BUDGET CODES:

Executive Director/Deputy Superintendent _____ Date _____

Local Federal Budget Code: _____ \$ _____

Local Federal Budget Code: _____ \$ _____

Date - MM/DD/YYYY	Job Number	Sub Needed?	12	13	14	Full/Half	AM/PM
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Full <input type="checkbox"/> Half	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Full <input type="checkbox"/> Half	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Full <input type="checkbox"/> Half	<input type="checkbox"/> AM <input type="checkbox"/> PM

12-Mentor District Approval 13- School Business (conference/trip) 14-School Business (sponsor, field trip, or District business)