

HISD APPLICATION for LEAVE AND TRAVEL

NAME _____ EMPLOYEE # _____ SCHOOL/DEPARTMENT _____ DATE: _____

BUDGET CODE (S) _____ Please have original receipts in Business Office by _____

LEAVE REQUEST

Substitute Needed: Yes () No ()

Leave Request is for _____ days.

_____ days School Business-Dates
 _____ days Personal Leave-Dates
 _____ days Other _____

Destination _____

Is student travel involved? Yes() No()

Purpose of Leave _____

TRAVEL & REIMBURSEMENT

Departure Date/Time _____

Return Date/Time _____

Registration _____

Airline Tickets _____

_____ Miles @ _____ cents per mile
 (Car Owner Only)

Lodging: _____ nights @ _____ per night
 If Double, name of second party _____

Meals _____

Taxi _____

Other: _____

Total Estimated and Actual Expenses _____

Advance Requested

Maximum Amount Allowed _____

(To be Completed by Funding Organization)

Business Office _____ Date _____

Funding Organization _____ Date _____

Total Estimated
Cost of Leave

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

PO Number _____

Check Number _____

Date _____

Actual Expenses

Paid by
District

Paid by
Advance/
Employee

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Less cash advance \$ _____

Net due employee \$ _____

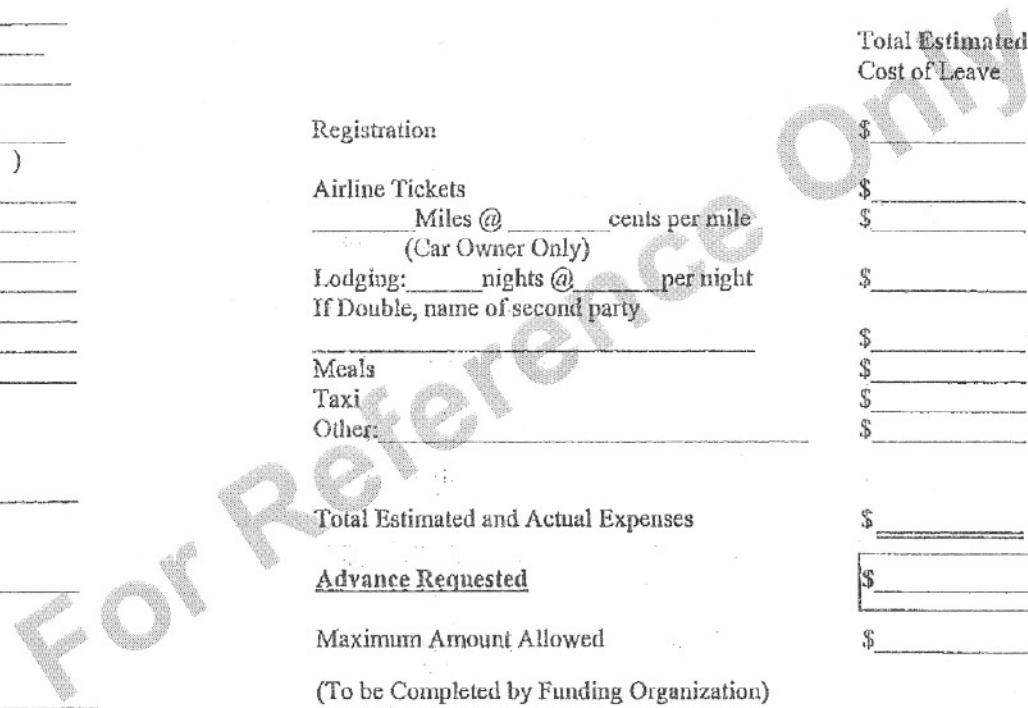
Net due HISD \$ _____

Employee _____ Date _____

Funding Organization _____

(Only if exceeds Maximum)

Business Office _____ Date _____



- White copy Business Office
- Yellow copy Business Office
- Pink copy Payroll Dept
- Goldenrod copy Director/Supervisor