

**YORK INSTITUTE
TRAVEL REQUEST FORM**

NAME _____ DATE OF REQUEST _____

PURPOSE OF TRIP _____

DESTINATION(S) _____

WILL YOU BE USING A SCHOOL VEHICLE? _____ PERSONAL VEHICLE? _____

HOW MANY PEOPLE WILL BE TRAVELING IN THE VEHICLE INCLUDING THE DRIVER ? _____

IF REQUESTING A BUS, DO YOU HAVE A DRIVER? _____ NAME _____

(List name of each individual on back of form or provide a separate list. List all "potential" riders and provide an actual list as soon as possible.) Only students, employees, and registered volunteers are authorized to ride in school vehicles. You must take your personal vehicle if an unauthorized individual accompanies you.

DO YOU NEED SPACE FOR EQUIPMENT/MATERIALS? _____ HOW MUCH? _____

OUT DATE (Earliest date and time you will pick up the vehicle): _____ TIME: _____

IN DATE (Latest date and time you will return the vehicle): _____ TIME: _____

(Attach copy of meeting or event notification. Copy of email is acceptable.)

IF ANY REIMBURSEMENT FOR TRAVEL EXPENSES WILL BE REQUESTED, COMPLETE THE FOLLOWING:

SOURCE OF FUNDS (PROGRAM & COST CENTER) _____

INDICATE IF A SPECIAL REVENUE IS COVERING ANY COST (i.e. Title II, ARSI) _____

MILEAGE FOR PERSONAL VEHICLE: YES OR NO

NUMBER OF MEALS _____

ROOM RATE \$ _____ + tax/PER NIGHT NUMBER OF NIGHTS: _____

CONFERENCE FEE \$ _____ PAID BY INDIVIDUAL OR PURCHASE ORDER?

If being paid by PO, attach a requisition form with a copy of the backup.

ATTACH CONFERENCE INFORMATION WITH DATES, FEES, AND ROOM RATES, ETC.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REMOVE ALL TRASH FROM ANY STATE VEHICLE I AM USING.

EMPLOYEE REQUESTING TRAVEL

ADDITIONAL DRIVER(S) OR ATTENDEES

SUPERVISOR APPROVAL

SUPERINTENDENT APPROVAL

REASON FOR DISAPPROVAL: _____

IF APPROVED, GIVE COMPLETED FORM TO ACCOUNT TECHNICIAN FOR PROCESSING. ONCE A VEHICLE IS ASSIGNED, YOU WILL RECEIVE A COPY OF THIS REQUEST WITH THE VEHICLE ASSIGNMENT LISTED.

MILEAGE AT TRIP END: _____ VEHICLE ASSIGNED: _____

MILEAGE AT TRIP START: _____

TOTAL TRIP MILEAGE: _____

