DEE (R) EXHIBIT

Center Point Independent School District
PROFESSIONAL LEAVE/TRIP REQUEST

Travelers Information:
Employee's Name _____

Employee's Position_____Campus_____

Trip Information:
Purpose or Justification for Request_____

Name of Conference or Meeting _____

Meeting Date(s)_____Location_____

Registration Deadline_____

Estimated Expense: Substitute Needed? ☐ Yes ☐ No

Registration $_____

Travel/Air $_____

Car Rental $_____

Personal Auto _____ x $0.50 = $_____
(# of Miles)

Meals:

Breakfast _____ (#) x $ 5.00

Lunch _____ (#) x $10.00

Dinner _____ (#) x $20.00 = $_____

Lodging _____ x _____ = $_____
(# of nights) (rate)

Other (taxi, shuttle, parking) $_____

TOTAL ESTIMATED COST: **$**_____

Conference Hotel:_____
Hotel Request:(1):_____ _____
Hotel Request (2):_____

Please Attach: Agenda or information on meeting/conference indicating time(s) and date(s) ☐
Special travel requests ☐

Employee's Signature _____ Date_____

Supervisor's Approval _____ Date_____

Superintendent's approval is required for all out of district travel. Complete form and submit to Superintendent's office prior to attending any workshop, meeting, events, etc.

Superintendent's Approval_____ Date_____
After approval, copy will be returned to supervisor & business office for processing of necessary purchase orders.

Revised 4/09