



DEE (R)
(Exhibit) A

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 _____ Purchase Order Accepted? _____ Check Required? _____

Estimated Expense: Substitute Needed? Yes No If so, account number _____
 Estimated Costs

Registration	\$ _____	Acct Code _____
Car Rental	\$ _____	Acct Code _____
Personal Auto _____ x \$0.40= \$ _____		Acct Code _____
# of miles		

Meals:

Breakfast _____ x \$ 5.00		
Lunch _____ x \$10.00		
Dinner _____ x \$15.00 = \$ _____	Acct Code _____	

Lodging _____ x _____ = \$ _____ Acct Code _____
 # of nights rate

Other (taxi, shuttle, parking) \$ _____ Acct Code _____

Total Estimated Cost: \$ _____ Purchase Order # _____

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

Please Attach: Completed registration form and business office will process
 Agenda or information on meeting/conference indicating time(s) and date(s)
 Special travel requests

By signature of this form, the employee receiving a travel advance agrees if receipts and/or cash is not returned within 10 days after completion of travel, repayment will be made to the District by a deduction from his/her paycheck.

Employee's Signature _____ Date _____

Supervisor's Approval _____ Date _____

The following approval is required for all out-of-town travel.

Superintendent's Approval _____ Date _____

Business Services Department Receipt Date _____

After all travel arrangements are completed, a travel package will be forwarded to the employee.