

TRAVEL REQUEST FORM

Instructions (Please read) – This Travel Request Form is for use by JPS travelers. Complete this form, get signature of your immediate supervisor, attach AP check request, registration confirmation, and conference agenda or schedule. Send complete packet to your Network office. Prior to submitting Travel Request Form, please review the Travel Checklist.

FILL FORM OUT COMPLETELY. PLEASE PRINT. RETURN TO ACCOUNTS PAYABLE DEPARTMENT.

Required by Dept of Homeland Security and Transportation Security Administration

NAME _____ DATE OF BIRTH (mm/dd/yyyy): _____
 (as it appears on your government-issued ID)
 EMAIL: _____ GENDER: ☐ M ☐ F

FOR FUNDING DEPARTMENT ONLY

BUDGET STRING _____ - 900 - _____ - _____ - 580 - _____ (Required – Funds must be available)

ESTIMATED COST OF TRIP \$

FUNDING APPROVAL _____

FOR TRAVELER TO COMPLETE

EMPLOYEE # WORK LOCATION
 WORK # CELL #
 TRAVEL DATES FROM TO:
 CONFERENCE TITLE
 CONFERENCE LOCATION

HOTEL RESERVATION: Made by traveler? Yes ☐ No ☐ TO BE MADE BY AP STAFF? Yes ☐ No ☐
 Confirmation #: _____ (Standard Room – two double or one king)

Preference #1 Address
 Preference #2 Address

TRANSPORTATION (check mode of transportation) Enter estimated of time you prefer to travel.

Airline ☐ Train ☐ Personal ☐ Rental Car (AP staff will reserve!)

Is this sponsored travel – not paid with JPS funds? Yes ☐ No ☐

If yes, sponsoring organization: _____

Portion of travel being for by sponsor: Meals ☐ Airfare ☐ Hotel ☐ Registration ☐

ALERT – TRAVELER RESPONSIBILITY & ACKNOWLEDGEMENT

Traveler is responsible for ALL INCIDENTALS. If travel arrangements are changed because of a non-District related event, the traveler will be responsible for any added costs. Any changes that result in additional fees is the responsibility of the traveler. When the cancellation processes are not followed, then any cost incurred becomes the responsibility of the traveler. With his or her signature, traveler accepts the above.

Signature of Traveler

Date

Approved by Immediate Supervisor

Date

Approved by JPS Superintendent/Chief of Staff _____

Date: _____

(if applicable)