

## TRAVEL REQUEST FORM

**This form and conference content information must be submitted at least 30 days in advance of travel.**

### EMPLOYEE INFORMATION

Name (as it appears on driver's license):

School/Dept:

Position:

Phone:

Date of Birth:

Gender:

Email: @canyonsdistrict.org

### ACCOUNT INFORMATION

|   |                |                 |                |                 |                 |
|---|----------------|-----------------|----------------|-----------------|-----------------|
|   | <b>E</b>       |                 |                |                 | <b>583</b>      |
| <b>FUND</b>   | <b>EXPENSE</b> | <b>LOCATION</b> | <b>PROGRAM</b> | <b>FUNCTION</b> | <b>OBJECT</b>   |
| Funding (place an "x" next to the appropriate source) |                |                 | Local:         | State:          | Federal: Other: |

### CONFERENCE INFORMATION

|  |                                  |                            |        |         |  |
|--|----------------------------------|----------------------------|--------|---------|--|
| Conference Title:  |                                  | Sponsoring Organization:   |        |         |  |
| Location of Conference:  |                                  | Conference Dates:          |        |         |  |
| Conference Beginning Date:   |                                  | Conference Beginning Time: |        |         |  |
| Conference Ending Date:  |                                  | Conference Ending Time:    |        |         |  |
| Registration Cost:   | Meals Provided by the Conference | Breakfast:                 | Lunch: | Dinner: |  |
| Does the conference offer any codes for discounts on airfare or lodging? | Airfare Code:                    | Lodging Code:              |        |         |  |
| Special Instructions:  |                                  |                            |        |         |  |

**YOU MUST SUBMIT INFORMATION ABOUT THE CONFERENCE CONTENT** such as a brochure or Web site information with presenters, topics of workshops etc.

### CONFERENCE PLAN

|  |
|--|
| Names of Others Attending Conference from CSD (if applicable):                                     |
|  |
| Purpose of Conference Attendance:  |
|  |
|  |
| Anticipated Benefits to Canyons District for Conference Attendance:                                |
|  |
|  |
| Identify How and With Whom Conference Information Will Be Shared:                                  |
|  |
|  |
| Indicate Anticipated Date Follow-Up Will Occur:  |
| List All Conferences Attended This Fiscal Year (July 1 through June 30) In-State and Out-of-State) |
|  |
|  |

## TRAVEL REQUEST FORM

### TRAVEL INFORMATION

|                           |                   |      |      |
|---------------------------|-------------------|------|------|
| Requested Departure Date: | Approximate Time: | a.m. | p.m. |
| Requested Return Date:    | Approximate Time: | a.m. | p.m. |
| Frequent Flyer #:         | Seat Preference:  |      |      |
| Hotel Preference:         |                   |      |      |
| Hotel Address:            |                   |      |      |
| Car Rental:               |                   |      |      |
| Shuttle Needed:           |                   |      |      |

### SIGNATURES

I Verify the Information Provided on This Form.

|                                  |       |
|----------------------------------|-------|
| Employee Signature:              | Date: |
| Employee Supervisor's Signature: | Date: |