

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

	E				583
FUND	EXPENSE	LOCATION	PROGRAM	FUNCTION	OBJECT
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: