



Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312

(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808

TRAVEL REQUEST FORM

EMPLOYEE NAME:		
DEPARTMENT:		
NAME OF MEETING/CONF/WORKSHOP:		
DATE(S): <i>(must include year)</i>	LOCATION: <i>(put city & state only)</i>	OUTSIDE ESD REGION? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROFESSIONAL SIGNIFICANCE:		
RECURRING MEETING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN ARE MEETINGS HELD?	
ADMIN ONLY—STAFF DO NOT COMPLETE		
ESTIMATE OF EXPENSES		ACCOUNT CODE(S) TO BE CHARGED:
TRANSPORTATION:		
PRIVATE AUTO (mileage):		
AIRLINE:		
REGISTRATION:		
LODGING:		
MEALS:		
OTHER (ferry, taxi, parking, etc.):		
TOTAL ESTIMATE:		
ADMIN ONLY—STAFF DO NOT COMPLETE		
RECORD OF APPROVAL:		
EMPLOYEE: <small>(Required on all Travel Requests)</small>	DATE:	
DEPARTMENT APPROVAL: <small>(Required on all Travel Requests)</small>	DATE:	
ADMINISTRATIVE APPROVAL: <small>(Required on all Travel Requests)</small>	DATE:	
ASST. SUPT. APPROVAL: <small>(Required for Out-of-Region and Conferences)</small>	DATE:	
SUPERINTENDENT APPROVAL: <small>(Required for Out-of-State)</small>	DATE:	
ADMIN ONLY—STAFF DO NOT COMPLETE		

TRAVEL ADVANCE PAYMENT

A travel advance can be made by direct deposit into your bank account or you can receive a check. If you choose direct deposit, your request must be received in the Business Office two weeks prior to the date needed.

Direct Deposit: \$ _____ Check: \$ _____ Date Needed: _____

Signature for check issued: _____
(Travel Advance Fund Custodian)

Signature for check issued: _____
(Employee)