



# 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

<b>EMPLOYEE NAME:</b>		
<b>DEPARTMENT:</b>		
<b>NAME OF TRAINING/CONFERENCE:</b>		
<b>DATES</b> <i>(Must include year):</i>	<b>LOCATION</b> <i>(City, State):</i>	<b>OUTSIDE OF ESD REGION:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>RECURRING TRAINING:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HOW OFTEN ARE MEETINGS HELD?</b>	
<b>PROFESSIONAL SIGNIFICANCE</b> <i>(How is this training relevant to my role?):</i>		

ADMIN ONLY - STAFF DO NOT COMPLETE		
ESTIMATE OF EXPENSES	ACCOUNT CODE(S) TO BE CHARGED:	
REGISTRATION:		
LODGING:		
AIRLINE:		
MEALS:		
TRANSPORTATION: <i>(ferry, taxi, luggage, ect)</i>		
PRIVATE AUTO <i>(mileage):</i>		
<b>TOTAL ESTIMATE:</b>		

ADMIN ONLY - STAFF DO NOT COMPLETE		
RECORD OF APPROVAL		
<b>EMPLOYEE:</b> <i>(Required on all Travel Requests)</i>		<b>DATE:</b>
<b>DEPARTMENT APPROVAL:</b> <i>(Required on all Travel Requests)</i>		<b>DATE:</b>
<b>ADMINISTRATIVE APPROVAL:</b> <i>(Required on all Travel Requests)</i>		<b>DATE:</b>
<b>ASST. SUPT. APPROVAL:</b> <i>(Required for Out-of-Region)</i>		<b>DATE:</b>
<b>SUPERINTENDENT APPROVAL:</b> <i>(Required for Out-of-State)</i>		<b>DATE:</b>

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.		
<b>DIRECT DEPOSIT: \$</b>	<b>CHECK: \$</b>	<b>DATE NEEDED:</b>
<b>SIGNATURE FOR CHECK ISSUED:</b> <i>(Travel Advance Fund Custodian)</i>		
<b>SIGNATURE FOR CHECK ISSUED:</b> <i>(Employee)</i>		