



CTE TEACHER TRAVEL REQUEST

(Conference/Workshop, Competition, With/Without Students)

Please type or print all information; illegible forms will be returned. Attach event documents to this form (web printouts, flyers, etc.) All Tyler ISD travel guidelines must be followed.

Teacher Information:

Teacher Name: _____ Date of Request: _____

Campus: _____ Program Area: _____

Event Information (conference, workshop, competition):

Name of Event: _____ City of Event: _____

Date(s) of Conference/Workshop: _____ (Overnight Only) Leave Date: _____ Return Date: _____

of Days Sub Needed: _____ Event Rate: _____ Hotel Rate (per night): _____

of Meals Provided (hotel/conf): B: _____ L: _____ D: _____ Purpose of Event: _____

Car Occupants (use back of form if more space is needed): _____

For Overnight Travel Only: (2 teachers of same gender per room; 4 students of same gender per room)

Hotel Name, Address, Phone: _____

Event & Hotel Websites: _____

Room shared with (use back of form if more space is needed): _____

For Student Travel Only:

Number of Male Students: _____ Number of Female Students: _____

Number of Hotel Rooms: _____ Number of Personal Vehicles: _____

Departure Time: _____ am or pm (circle one) Return Time: _____ am or pm (circle one)

If a bus is needed, complete and provide the CTE office with the: "Transportation-Extra Run Request" form: (to locate form: TISD Forms → Miscellaneous Forms → Transportation-Extra Run Request)

(Please print the names of all occupants in **each vehicle** on the back of this form)

Travel Requirements per Teacher:

- Secure written approval for travel on CTE and District Travel forms
- Upon obtaining written prior approval for travel, complete the following:
 - Request sub
 - Reserve hotel for self and students
 - Register for event for self and students
 - Secure parent permission forms if traveling with students
 - Submit all reimbursement documents to CTE office upon successful completion of event for reimbursement of expenses

CTE Coordinator must have travel request form 30 days before travel. Sub codes provided upon CTE Coordinator approval.

This CTE travel form is in addition to the TISD Travel form.

Obtain signatures in the order below:

1. Teacher Signature: _____ Date: _____
2. Department Chair Signature: _____ Date: _____
3. CTE AP Signature: _____ Date: _____
4. CTE Coordinator Signature: _____ Date: _____