



# Employee Sub/Travel Request

This form must be **entered** into the computer by the designated person at your school at **least three weeks prior to the activity** so it can be approved by the CTAE Director and the Area Superintendent or his/her designee.

**\*Overnight Trips**

**Teacher/Club will be responsible for the Bus Drivers Hotel/Meals through fundraising**

<b>Attendee's Name</b>	
<b>Attendee's Employee ID#</b>	
<b>Attendee's School</b>	
<b>Attendance Dates (please include travel date if applicable)</b>	
<b>Funding Dept.:</b>	5700

<b>Name of Activity:</b>			
<b>Location of Activity:</b>			
<b>City of Activity:</b>			
<b>State of Activity:</b>			
<b>Beginning Date of Activity:</b>		<b>Ending Date of Activity:</b>	
<b>Purpose of Trip:</b>			

**Principal/CTAE Supervisor Signature:**

The source of funds and estimated expenses listed below are for budgeting purposes only. Actual reimbursement will be according to expenses authorized by travel regulations for the local school system.

Estimated Expenses			
<b>Registration</b>	\$		
<b>Transportation</b>	\$		
<b>Meals</b>	\$		
<b>Substitutes</b>	\$		
<b>Lodging</b>	Cost Per day: N/A	# of Days:	Total Cost:
<p><b>TEACHERS MUST SHARE ROOMS:</b> Please note that if the daily rate of lodging exceeds the allowed amount of \$70.00 in state and \$85.00 out of state, an explanation must be entered. If applicable, please provide explanation below:</p> <p><b>NOTE:</b> All expenses must be <b>pre-approved prior</b> any purchases before, during or after the trip for example: hotel fees should be fairly priced and close to venue, rental cars must be fairly priced and cannot be purchased along with airfare, vendor purchases must be pre-approved, and any other miscellaneous expenses you incur by sending an email or calling the CTAE Office for consideration, approval or denial.</p>			

Email form to: [kerine.francis@clayton.k12.ga.us](mailto:kerine.francis@clayton.k12.ga.us) Direct Phone: 770-473-2700 ext. 700191