

ISSAQUAH SCHOOL DISTRICT

Advance Travel Request

(To be submitted with the Travel Purchase Order)

EMPLOYEE:

Name: _____ Building/Dept. _____

Address: _____ Phone No. _____

City/State: _____ Zip Code: _____

PURPOSE OF TRIP: _____

DESTINATION: _____ Date of Travel: _____

Amount of Travel Advance Requested: \$ _____

Employee Signature: _____

Check No. _____ Date: _____ Accounting Use Only

District Policy: Employees may request an advance to cover the cost of travel expenses that exceed \$50.00 and are not paid directly by the district. You must submit a travel reimbursement form (6213F2) to account for your expenses within 10 working days of returning from the trip. If money is due the district, please do not send a personal check until all expenses are audited and you are notified of the exact amount.

Your signature on this form is authorization for the district to deduct any advance not accounted for, within 10 working days of return, from your next pay check.