Travel Card Usage Request Form

(Form must be completed and turned in prior to any charge being put on the district card)

Employee Name: _____

Date of Trip: _____

Vendor Name: _____

City Used: _____

Course/Conference name: _____

Charge estimate: _____

Signature of Employee:* _____

Signature of Supervisor: _____

*By signing this form I agree to check out the district credit card only for the allotted number of day on the trip and to return the card the first workday after returning from the trip. I agree to send in any receipts that are attributed with the charges I am requesting to be put on the District Credit Card. If booking a hotel room, I agree to turn in an itemized hotel bill from the hotel with the credit card. If no card is to be checked out, I agree to send the hotel bill through the inner school mail to the business office. I understand that my failure to abide by the above may result in me being denied access to use the district card for future trips.