

TISD Airfare Purchase Authorization Form

Departure Date: _____ Departure City: _____

Return Date: _____ Return Flight Origination City: _____

Total Amount of Airfare to be Charged: _____

This Authorization will not be approved without a detailed itinerary showing the nature of all charges. Please refer to the TISD Travel Guidelines for unallowable charges.

Budget Code to be Charged: _____

Passenger Name: _____

Traveler's Signature: _____

Supervisor's Approval: _____

Grant Manager Approval (if applicable): _____

A copy of the event schedule must be attached to justify the departure and return dates.

If this travel is out of state, the Superintendent's approval of out of state travel must be attached.