



## Escondido Union High School District Travel Justification Form



*Attendance at all conferences require a Travel Justification form to be attached to the Travel Conference Authorization & Claim Form. For more detailed information regarding Travel Policy please refer to Administrative Regulation 3350. Overnight travel requires completion of the bottom portion of this form.*

**Employee Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Conference Name:** \_\_\_\_\_

**Conference Date(s):** \_\_\_\_\_ **City, State:** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_

**Justification for Conference Attendance:**

**Plan for Sharing Professional Learning with your Site/Department Upon Return:**

*If attending a conference that requires overnight stay, please complete travel information section below.*

**Travel Information**

**Personal Information**

**Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(as stated on government issued I.D.)

**Address:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(this is where travel itenary and tickets will be sent)

**Conference Information**

**If conference registration requires online registration please provide the following:**

**User Login:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Airline Information**

**Preferred Date & Time of Departure:** \_\_\_\_\_

**Preferred Date & Time of Return:** \_\_\_\_\_

**Hotel Information**

**Name of Preferred Hotel:** \_\_\_\_\_

**Check-In Date:** \_\_\_\_\_ **Check-Out Date:** \_\_\_\_\_

**Would you prefer to have your own room?** Yes                      No                      No Preference

**Single Bed:** \_\_\_\_\_ **Double Bed:** \_\_\_\_\_ **Number of Occupants in Room:** \_\_\_\_\_

Received by Purchasing: \_\_\_\_\_