

## **STAFF TRAVEL REQUEST**

Staff out-of-state travel requires School Board approval. This fully completed and signed document must be submitted to the Superintendent's Office at least 10 working days prior to a School board meeting.

Traveling Individual(s):			
School and Department:			
	itle:(Please attach flyers	or other explanatory material	
Date(s) of Travel:	(Please attach Itinerary)	Type of Transportat	tion:
Expenses: Registration (attach details Mileage, Airfare, etc. Lodging Meals (see available rate) Substitute Other (describe) Other information:	Estimate Cos  \$ \$ \$ \$ \$ \$ \$ \$		Budget Code
Requested by: —  *Manager of Chargeable Budget:	Signature		Date
Principal/Supervisor: (If different than above)	Signature		Date
*Form mus	st be completed in full and signe	d before seeking approval b	y the School Board
SCHOOL BOARD ACTION:	Approved	Denied	Date