

TRAVEL REQUEST FORM

School _____

EMPLOYEE'S NAME(S): _____

Today's Date _____

Forward to Central Office for Board Approval

Date(s) of Trip _____

Destination _____

Trip/Name of Workshop _____

ITEMS NEEDING FUNDING (Check all that apply) 

- Registration Fee**
- Hotel** (if purchase orders are accepted)
- Mileage Reimbursement* (Personal Automobile)
- Meals*
- Other (Specify) _____

NOTE:
Items in bold print must be accompanied with a completed purchase requisition and the appropriate documentation - copies of registration forms, hotel confirmations, airline itineraries, etc. Items in Italicized print may be submitted for reimbursement after the trip.

COST SOURCE REQUESTED (MUST check one) 

- Title I
- Title II (includes Eisenhower)
- Safe and Drug-Free Schools (Title IV)
- Professional Development
- Food Service
- JCTC
- Special Education
- No Cost
- Other (Specify) _____

Principal's/Director Signature _____

Assistant Superintendent's Signature _____

Grant Director's Signature _____

Superintendent's Signature _____

Date Board Approved _____