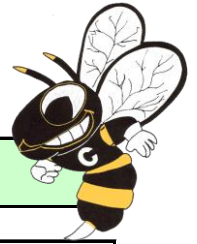


TRAVEL REQUEST FORM



DIRECTIONS: Please do a "SAVE AS" and save this document into your personal drive. Complete this form and send it to your Principal (7 days) before your event for approval.

Name of Person(s)/Organization/Group Traveling

Name of Conference (if applicable)

Location of Conference/Field Trip

Departing Date

Returning Date

Transportation Needed? (Attach parent permission slip)

Bus

Van

Handicap Bus

Number of Individuals to Transport

Departing Time

Returning Time

Special Notes/Equipment Needed

Outcome of Conference/Purpose of Field Trip

Will you need a substitute?

YES

NO

Days Needed

Will Lunch Be Missed?

YES

NO

Will Recess Be Missed?

YES

NO

ESTIMATED COST

REGISTRATION

COURSE MATERIALS \$ -

VAN MILEAGE (round trip miles)

BUS MILEAGE (round trip miles)

LODGING \$ -

MEALS \$ -

OTHER \$ -

TOTAL \$ -

Information below to be filled in by Administration

FD	LOC	OBJECT	FUNCTION	PRJ
		940		
		411		
		342		
		342		
		342		
Account number for the substitute				
		171		

Principal's Approval

Superintendent's Approval

Routing Information to be filled in by District Office

Date Sent	
Athletic Director	<input type="checkbox"/>
Secretary	<input type="checkbox"/>
Principal	<input type="checkbox"/>
Transportation Director	<input type="checkbox"/>
Finance Director	<input type="checkbox"/>

Notes:

