

**TRAVEL REQUEST FORM
EDUCATIONAL MEETING/CONFERENCE**

Complete the following information two weeks prior to the scheduled meeting/conference date. Submit this form to the building principal for recommendation. Upon the principal's recommendation, it will be forwarded to the superintendent for final approval. Copies will be provided for the employee's files.

Name _____ Date _____

Building _____ Business Phone _____

Name of Conference/Meeting _____

Location _____

Date(s) of Meeting/Conference _____ through _____

Estimated Expenses:

Lodging Nights = \$ _____

Meals Days = \$ _____

Travel @ \$.20 Miles = \$ _____

Airline Fare Round trip = \$ _____

Toll Fees Round trip = \$ _____

Registration for Meeting/Conference = \$ _____

Total Estimated Costs = \$ _____

Applicable to Teachers:

A substitute will be necessary for grade(s) _____ subject _____

Date(s) _____ through _____

APPROVED / DISAPPROVED

_____ Date

_____ Building Principal

_____ Superintendent