

TRAVEL APPROVAL REQUEST

For Attendance at Educational Meetings and Workshops
Complete and submit in triplicate

Date submitted (Allow 10 working days before registration deadline) _____

Title of Event _____

Place _____ Dates _____

Purpose of Activity _____

Charge to Account # _____ - 5210

Persons requested to be authorized by this approval are:

Name	Department/School	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved _____ (Administrator) Received by Business Office _____

Pre-Registration (**Original** and **three** photo copies of completed reservation forms for each person authorized to attend)

Make check payable to _____ Amount _____

(For Business Office Use) Check No. _____ Dated _____

Lodging Reservations (**Original** and **three** photo copies of completed reservation form or letter for each person authorized to attend)

Make check payable to _____ Amount _____

(For Business Office Use) Check No. _____ Dated _____

Please estimate total expenses that will be required.

MUST BE COMPLETED FOR ADVANCE
(Not to Exceed 75% of Total Approved)

Expenses:	Estimated Cost:
Transportation	
Air	\$ _____
District Auto	_____
Private Auto	_____
Other	_____
Meals	_____
Lodging	_____
Registration	_____
* Miscellaneous	_____
TOTAL ESTIMATE	\$ _____
Total Approved	\$ _____

Cash Advance Payment \$ _____

Cash Needed by: _____ (Date)

(Signature of Applicant)

FOR BUSINESS OFFICE USE ONLY:

Check No. _____ Dated _____

Travel Advance Account No. _____

* Itemize

Superintendent's Approval

Date