

STAFF TRIP REQUEST

Revised 1.25.24

Employee Name: _____ Date: _____

School: _____ Trip Date(s): _____

Trip Destination: _____

Trip Purpose: _____

Funding Source: _____

Estimated expenses to be incurred:

Transportation: District vehicle is to be used if available. Check with the Transportation Department for
1. availability.

If no vehicle is available, # miles _____ @ _____ 67 cents per mile \$ _____

2. Lodging: (itemized original invoice required) \$ _____

3. Meals: _____ meals for a _____ day trip (only paid if overnight stay) \$ _____

4. Registration fee: (does **not** include membership fee; itemized original invoice required) \$ _____

5. Other, list _____ (itemized original invoice required) \$ _____

Total estimated expenses: \$ _____

Briefly describe this activity and explain how it will affect the achievement of your students:

How will you present the conference/workshop information and materials to other teachers? Who will be involved in your presentation? (You will be required to submit an agenda and sign-in sheet after the presentation)

Principal's Approval _____ Date _____

Fund Director's Approval _____ Date _____

Superintendent's Approval _____ Date _____

Business Office Use Only:

Purchase Order(s): _____

Travel Voucher(s): _____