

**JOINT SCHOOL DISTRICT #171
TRAVEL REQUEST - PROFESSIONAL**

Form must be signed, dated and approved by Administrator and Superintendent at least 10 days prior to travel to insure travel allowance is available prior to travel. Please attach copies of brochures and pamphlets for District Office use to secure lodging, and meals for each meeting. NO travel arrangements will be made until ALL the information has been submitted and approved by the Superintendent.

Name: _____ Building: _____

Meeting you wish to attend: _____

Location of meeting: _____

Dates of meeting: _____ Dates you will be absent: _____

Registration completed: Yes____ No____ (if no please provide information for registration)

If lodging is required list preferred Hotel: _____ Actual dates of stay: _____
(NOTE: Personal Credit Card may be required by Hotel upon arrival to cover incidental expenses.)

Requested # of Meals: Breakfast: # _____ Lunch: # _____ Dinner: # _____ (not included in registration)

Mode of Travel: District Vehicle: _____ Private vehicle: _____ Carpool: _____ with _____
Airplane: _____

Which District Administrator requested your attendance at this meeting: _____

Employee's Signature

Date

For District Office Use Only:	
Cost of Travel:	
Mileage: # _____ \$ _____	Airfare: \$ _____ Lodging: # _____ \$ _____
Meals: Breakfast: # _____ \$ _____	Lunch: # _____ \$ _____ Dinner: # _____ \$ _____
Registration: \$ _____	PO# _____
Travel Expense Total: \$ _____	Total Advance allowed: \$ _____

Approved by Administrator: Yes____ No____

District Administrator

Approved by the Superintendent: Yes____ No____

Superintendent's Signature