

**West Carroll Special School District
Request to Attend Off-Campus Event**

Employee Name: _____ Date(s) of Event: _____

Name of Event: _____

Event Location: _____

Type of Event (Check One)

____ Staff Development Activity ____ Field Trip
 ____ Athletic Event/Workshop ____ Club Event/SSA

Substitute Required? ____ Yes ____ No Number of Days? ____

Budget: To be Completed by Employee for Activities Funded through School Accounts.

Charge Expenses to Account: _____

Item	Description	Amount
Substitute		
Registration Fees		
Travel		
Meals		
Accommodations		
Other (Specify)		
Total		

Budget: To be Completed by Supervisor for Activities Funded through District Accounts

Program Title: _____ Sub Fund Number: _____

Account / Line Item #	Description	Amount
Total		

Please Process in the Following Order:

Employee Signature: _____ Date: _____

Principal's Approval: _____ Date: _____

Program Director's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____

This form must be completed for any off-campus event attended by an employee during the regular school day.

This form must be approved by the Director of Schools (Superintendent) 10 school days prior to the event unless the deadline has been waived by special permission. Failure to meet this deadline will result in the teacher, staff member, or employee assuming responsibility for all costs associated with the event.

This form must be completed in order to receive reimbursement for costs associated with attending said event. Travel claims must be submitted within five days of the completion of travel. Any June travel claim must be submitted before June 30th.