

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

Form must be signed, dated and approved by Administrator and Superintendent at least 10 days prior to traveling and if travel advance is requested. Please attach copies of brochures and pamphlets for District Office use to secure lodging, and meals for each meeting.

Name: _____ Building: _____

Meeting you wish to attend: _____

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

If lodging required list actual dates of stay: _____

Location of meeting: _____

Mode of Travel (private vehicle or school van): _____

Which District Administrator requested your attendance at this meeting: _____

District Administrator/Principal Signature

Date

NOTE: Personal credit card may be required by Hotel upon arrival to cover incidental expenses.

For District Office Use Only

Cost of Travel:

Mileage: _____

Lodging: _____

Meals: Continental Breakfast Provided: _____

Breakfast: _____

Lunch Provided: _____

Lunch: _____

Dinner Provided: _____

Dinner: _____

Registration: _____

Other: _____

PO# _____

Travel Expense Total: _____

Advance: _____

(Advance will be available 1 day before travel)

Employee's Signature

Date

Approved by Administrator Yes _____ No _____

District Administrator

Expense approved by the Superintendent Yes _____ No _____

Superintendent's Signature