

**Out of District Travel Request**

**REQUEST FOR TRAVEL APPROVAL**

Name: \_\_\_\_\_

Purpose of travel & location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized by: \_\_\_\_\_

Date(s) of travel: \_\_\_\_\_

Funding source: \_\_\_\_\_

Number of miles: \_\_\_\_\_ X \$. \_\_\_\_\_ per mile = \$ \_\_\_\_\_

Estimated expenses

Registration \_\_\_\_\_

Hotel \_\_\_\_\_

Meals \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total estimated reimbursement \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Superintendent/Principal/Designee

\_\_\_\_\_  
Date

Review/Revised:1/16/14