## TROY SCHOOL DISTRICT #287 EMPLOYEE LEAVE AND/OR TRAVEL REQUEST

PLEASE PRINT - - PRESS HARD

(NOTE: Final reports are due ASAP after the event, but by the 15th. Corrections must be requested at District Office within one month)

NAME	LEAVE AMOUNT: hours
LEAVE DATE(S) (and times if other than full days):	
<i>Type of leave requested:</i>	□ Vacation □ Leave Without Pay
<i>Type of leave requested:</i>	□ Other
Type of leave requested:          □ Professional         □ Bus trip with Stude         (Submit Bus Trip Required)         Event & Sponsor, etc.	uest Form)
LocationEvent Date(s) and Times	
Mode of Travel:  School Bus  Personal Car  Carpool  Air  Other:	
Suggested Substitute Has substitute	e been tentatively scheduled? $\Box$ Yes $\Box$ No
Funding Requested: Estimated Cost Description	Actual Reimbursable Amount
Transportation \$   Per Diem \$   Actual per diem or actual meal costs (with receipts)   Other travel expenses   \$*   Event Registration   \$*   Lodging   \$*   Other Expenses   \$*   TOTAL   *Advance payment by Purchase Order must be specifically requested two weeks prior.   **attach receipts **attach receipts	
Employee	
Budget Code:	
Supervisor	
Fund Admin.	
Superintendent	

EMPLOYEE: E-mail this form to your Supervisor for approval. This form is available at d[^•åGÌIÈ; \*Đ{][^^^-{;