



PRE-APPROVAL TRAVEL REQUEST

THIS FORM IS TO BE USED FOR ALL TRAVEL INVOLVING AN OVERNIGHT STAY AND **MUST** BE COMPLETED BY THE TRAVELER OR ADMINISTRATOR. TURN IN COMPLETED FORM, ALONG WITH THE EVENT ITINERARY **TO LINDSEY HART** AT THE DISTRICT OFFICE

Requested by: _____ Requested for: _____

Dept./Building: _____ Number of Travelers: _____

Date of Departure: _____ Date of Return: _____

Travel Destination: _____ Will substitutes be needed: Yes No

Reason for trip: How does this support the district's strategic plan, school improvement plan etc.

ESTIMATED COST PER PERSON:

Registration Fees: _____ Meals: _____ Lodging: _____

Transportation (Air, shuttle, train) _____ Baggage: _____ Parking: _____

Mileage: _____ **TOTAL COST PER PERSON:** _____

Budget Code to be used: _____ . _____ . _____ . _____ . _____

I understand that per district policy #DLC 1-1, reimbursement for out-of-state travel by private vehicle will be made on the basis of air fare or mileage rate, whichever is lower. Traveler's initials _____

Is this trip Grant Funded? Yes No If yes, please answer questions below

If yes, is this trip funded by the Perkins Grant? Yes No (if yes, please provide written approval from Dale Moon)

Other Grant If other, which specific grant: _____

Supervisor/Principal Signature: _____ [DATE] _____

-----This section to be filled out by the District Office -----

Level Director's Signature: _____ [DATE] _____

Grant Manager's Signature: _____ [DATE] _____

If traveling outside the continental United States form must be signed by the Superintendent/Assistant Superintendent

Superintendent/Assistant Superintendent's Signature: _____ [DATE] _____