



# 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] \_\_\_\_\_