

REQUEST FOR SCHOOL BUSINESS TRIP OR PROFESSIONAL DEVELOPMENT

Name _____ Date of Request _____

Date & Time of Trip _____

Destination _____

Reason for Trip _____

Professional Development _____ School Business _____

******Please check one******

Approval must be requested 5 working days prior to trip. Attach documentation of workshop/meeting/event.

Principal's Signature

Employee's Signature

Please check those that apply:

_____ Registration

_____ Employee will pay registration and be reimbursed

_____ District needs pre-pay registration

_____ Mileage **Is the school vehicle available and reserved? _____

_____ Meals (**itemized** tickets will need to be turned in)

_____ Room

(The District will make reservations and arrangements for your room to be charged to the school. Attach all information for the reservation to be made. Employee may be asked to secure reservation and the District will call to have the room charged to the school.)

This business trip is approved by:

Superintendent's Signature