



TRAVEL REQUEST PROFESSIONAL DEVELOPMENT

Please check all that apply:

- Out-of-state travel**
- Out-of-county travel**
- Air Travel**
- Car Rental**
- Overnight travel within 60 miles of work location (Attach explanation)**
- Lodging (per night) exceeds maximum allowed (\$150.00 single, \$175.00 shared)**

School/Department _____
Traveler Name _____
Administrator Instructional Non-Instructional

Name of Event _____
Dates of Event From: _____ To: _____
Location of Event _____
Purpose to Attend _____

EXPENSES TO BE REIMBURSED (Check applicable boxes)

Mileage	Per Diem	Lodging	Registration	Airfare	Car Rental
Other, please explain _____			Car Pool _____	Driver _____	

ESTIMATED COST

Mileage	_____	Fund Source
Per Diem	_____	
Lodging	_____	
Registration	_____	_____
Airfare	_____	
Car Rental	_____	Coding
Other	_____	_____
TOTAL	_____	

Traveler Signature _____ Date _____

Principal/Director Signature _____ Date _____

Area/Asst. Supt. Signature _____ Date _____

Board Approved Date _____