



TRAVEL REQUEST

One form per person, approval must be obtained before travel is booked or commences.

One or more of the following criteria requires additional approval (Superintendent Staff):

- ☐ Out-of-county travel other than daily travel to Hernando, Hillsborough, Pinellas or Polk Counties
- ☐ Overnight travel to Hernando, Hillsborough, Pinellas or Polk Counties
- ☐ Lodging per night exceeds target rate of \$225
- ☐ Out-of-state travel (Submit 8 weeks prior to travel – Board approval required)

School/Department _____

Traveler _____ Admin. Inst. Non-Inst.

Event _____

Event Location _____

Dates of Travel (attach Agenda) _____

Please indicate which strategic mission the travel advances and how it advances that mission. Include how the information obtained will be used and disseminated to others in the district.

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Parent Engagement | <input type="checkbox"/> Career Connected Learning |
| <input type="checkbox"/> Educator Development | <input type="checkbox"/> Community Engagement | <input type="checkbox"/> School Safety and Wellbeing |
| <input type="checkbox"/> Operational Excellence | | |

ANTICIPATED TRAVEL EXPENSES AND FUNDING

Mileage _____

Per Diem _____

Lodging _____

Registration _____

Car Rental _____

Airfare _____

Airport Parking _____

Ride Share _____

Other _____

TRAVEL TOTAL _____

Funding Source:

Coding:

Other Detail:

APPROVALS

Traveler _____ Date _____

Principal/Director _____ Date _____

Supt. Staff _____ Date _____

Board Approval Date if Out-of-State _____