

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 405.8.4P Adopted April 1985 Revised February 2016

Title Request for Travel

1. The following must be completed and submitted for approval at least one week prior to travel:

Name \_\_\_\_\_ School/Dept. \_\_\_\_\_

Conference title \_\_\_\_\_

Conference location \_\_\_\_\_ Date(s) \_\_\_\_\_

Conference sponsor \_\_\_\_\_

District and/or school/department goals to be addressed:

Specific goals to be accomplished:

How will you be collaborating with other colleagues in regards to the above goals? Please list the colleagues collaborating with you:

Submit a summary of your collaboration to your director.

2. Estimated cost for travel requested:		Comments:
Registration	\$ _____	_____
Mileage	\$ _____	_____
Airfare	\$ _____	_____
Meals	\$ _____	_____
Lodging	\$ _____	_____
Substitute	\$ _____	_____
Other	\$ _____ (specify) _____	_____
<i>Total cost to District 196</i>		\$ _____

3. Submitted by \_\_\_\_\_  
name (print) signature date

4. Submit request as follows:
- Licensed and non-licensed school employees - to principal or special education administrator
  - Non-licensed employees - to department director or coordinator
  - Principals and licensed employees not traveling on a professional growth plan grant - to director of elementary education/secondary education/special education
  - Superintendent's cabinet members - to superintendent
  - School Board members and the superintendent - to School Board chairperson

Approved by \_\_\_\_\_  
signature title date