



FRANKLIN-MCKINLEY SCHOOL DISTRICT
OUT OF STATE TRAVEL PREAPPROVAL FORM

Name(s) of employee(s) traveling Out of State: _____

School/Department: _____

Date(s) of Travel: _____

Destination: _____

Title/Purpose of Conference: _____

This form must include the total amount for registration, airfare, lodging, meals, and any other related expenses.

Registration: _____

Airfare: _____

Lodging: _____

Other (*explain*) _____

Meals: _____

(Not to exceed per diem)

<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>
\$17.00	\$18.00	\$25.00

GRAND TOTAL: _____

Travel will be funded from the following account(s):

FUND	LOC	PROGRAM	Sub	ACCOUNT	Sub	Ct	\$AMOUNT
				5210			
				5210			

Employee Signature: _____ Date: _____

Program Manager Approval: _____ Date: _____

Governing Board Approval: _____ Date: _____

White: District Business Office

Yellow: Originator