

**LOS LUNAS SCHOOLS
OUT OF STATE TRAVEL REQUEST
P.O. BOX 1300 LOS LUNAS, NM 87031
PHONE(505)866-8241 * FAX(505)866-2184**

SITE NAME: _____

DATE OF FINANCE: _____

IT IS THE RECOMMENDATION OF THE SUPERINTENDENT THAT THE BOARD OF
EDUCATION APPROVE THE OUT OF STATE TRAVEL REQUEST
AS SPECIFIED BELOW

CONFERENCE NAME: _____

DATE & PLACE OF CONFERENCE: _____

FUND NAME: _____

FUND: _____

<u>ATTENDEE & JOB TITLE</u>	<u>ESTIMATED EXPENSES</u>	
	Cost of Airfare	
	Cost of Registration Fee	
	Cost of Hotel	
	Cost of Meals	
	Cost of Substitute	
	Cost of Shuttle/Uber	
	Estimated Total Cost	\$ -

JUSTIFICATION OF REQUEST:

APPROVAL BY SITE SUPERVISOR/PRINCIPAL: _____

Training and Travel for the purpose of strengthening classroom instruction, school operations and management of school campuses, departments and support sites will be provided to employees who have demonstrated the ability and willingness to perform at a high level of efficiency and effectiveness. The granting of travel will be used as an incentive for above average employee performance. This will also benefit the District in that the employees with above average performance are the same employees that will upon return to the District, will disseminate and implement what they have learned at conferences and workshops away from the District. Once the employee has been selected, they must agree in writing to participate as a project manager or a project team member in a Balanced Score Card BSC Project that will implement the information learned. This same employee must be willing to demonstrate the project performance at a District Project Oversight Committee Meeting. By requesting out of state travel I understand my role and responsibility in the BSC Project.

DATE DISCUSSED WITH FINANCE COMMITTEE: _____