

Denison Independent School District Out-of-District Travel Request Athletic Department

Name of employee:

Title of Workshop/Seminar/Conference:

Location & Dates

Why employee needs to attend:
(Directly applies to job assignment, campus/district mission etc.)

Are funds budgeted for this workshop/seminar/conference? Yes No

*Permission is given to exceed hotel lodging rates if applicable for this out-of-district travel.

Approved/Not Approved _____
(Signature of Athletic Director) Date

Approved/Not Approved _____
(Circle choice) (Signature of Principal) Date

Approved/Not Approved _____
(Circle choice) (Signature of Assistant Superintendent for Administration) Date