ABERDEEN SCHOOL DISTRICT NO. 5
Aberdeen, Washington

PRIOR APPROVAL TRAVEL AUTHORIZATION

Request due to Supervisor 15 days in advance of Departure Date

NAME: Click Here to Enter Your Full Name

BUILDING:

DESTINATION: PURPOSE OF TRIP:

DEPARTURE: DATE: TIME: ☐A.M. or ☐P.M.

RETURN: DATE: TIME: ☐A.M. or ☐P.M.

BUDGET CATEGORY: ☐ District ☐ ASB ☐ Extra-Curricular ☐ Field Trip ☐ Association

ESTIMATED EXPENSES: LODGING $ FOOD $ TRANSPORTATION $

MISC. (substitute, parking, registration, etc.) $ TOTAL ESTIMATE $ 0.00

SUBSTITUTE: (Submit request in Frontline/Skyward once approved) ☐ N/A ☐ Yes ☐ No

TRAVEL CATEGORY ☐ ESSENTIAL ☐ NON-ESSENTIAL

☐ Grant/Funding Source: _____

☐ Certification Requirement: _____ ☐ District Compliance _____

☐ Other (explain): _____

FOLLOW-UP: How will this travel be applied/shared with ASD5 staff:

_____

I have read Policy 6213 Out-of-District Travel & Procedures. ☐ This box must be checked to complete signature below

EMPLOYEE SIGNATURE: _____ DATE:

☐ Salary and/or Expense paid by District _____ ☐ Salary and/or Expense paid by other _____

IMMEDIATE SUPERVISOR'S RECOMMENDATION

_____ _____ ☐Yes ☐ No

Immediate Supervisor's Signature Date

PROGRAM ADMINISTRATOR'S RECOMMENDATION

ACCOUNT CODE: _____

ACCOUNT CODE: _____

_____ _____ ☐Yes ☐ No

Program Signature Date

DISTRICT DECISION

_____ _____ ☐Yes ☐ No

Superintendent or Designee Date