

**LAKWOOD SCHOOL DISTRICT #306  
WORKSHOP/TRAVEL REQUEST**

**I. GENERAL INFORMATION**

Date of Request \_\_\_\_\_ Date of Meeting/Workshop \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Meeting/Workshop: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Meeting: (Attach a copy of workshop agenda) \_\_\_\_\_

\_\_\_\_\_

How will the information obtained from this workshop be disseminated in your building?

\_\_\_\_\_

**II. ESTIMATED COSTS**

Registration: \_\_\_\_\_

Mileage/Travel: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Meals/Per Diem: \_\_\_\_\_

Substitute: \_\_\_\_\_

Expenditure Code/Program: \_\_\_\_\_

TOTAL ESTIMATED COSTS: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

**III. APPROVAL**

*This request is being approved with the stipulation that information obtained from this workshop experience may be shared with other staff members at the direction of the building administrator.*

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date