



# PRE-APPROVAL TRAVEL REQUEST

THIS FORM IS TO BE USED FOR ALL TRAVEL INVOLVING AN OVERNIGHT STAY AND **MUST** BE COMPLETED BY THE TRAVELER OR ADMINISTRATOR. TURN IN COMPLETED FORM, ALONG WITH THE EVENT ITINERARY **TO LINDSEY HART** AT THE DISTRICT OFFICE

Requested by: \_\_\_\_\_ Requested for: \_\_\_\_\_

Dept./Building: \_\_\_\_\_ Number of Travelers: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Will substitutes be needed: Yes  No

Reason for trip: How does this support the district's strategic plan, school improvement plan etc.

### ESTIMATED COST PER PERSON:

Registration Fees: \_\_\_\_\_ Meals: \_\_\_\_\_ Lodging: \_\_\_\_\_

Transportation (Air, shuttle, train) \_\_\_\_\_ Baggage: \_\_\_\_\_ Parking: \_\_\_\_\_

Mileage: \_\_\_\_\_ **TOTAL COST PER PERSON:** \_\_\_\_\_

Budget Code to be used: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

I understand that per district policy #DLC 1-1, reimbursement for out-of-state travel by private vehicle will be made on the basis of air fare or mileage rate, whichever is lower. Traveler's initials \_\_\_\_\_

Is this trip Grant Funded? Yes  No  If yes, please answer questions below

If yes, is this trip funded by the Perkins Grant? Yes  No  (if yes, please provide written approval from Dale Moon)

Other Grant  If other, which specific grant: \_\_\_\_\_

Supervisor/Principal Signature: \_\_\_\_\_ [DATE] \_\_\_\_\_

-----This section to be filled out by the District Office -----

Level Director's Signature: \_\_\_\_\_ [DATE] \_\_\_\_\_

Grant Manager's Signature: \_\_\_\_\_ [DATE] \_\_\_\_\_

**If traveling outside the continental United States form must be signed by the Superintendent/Assistant Superintendent**

Superintendent/Assistant Superintendent's Signature: \_\_\_\_\_ [DATE] \_\_\_\_\_