CREA TRAVEL REQUEST FORM

TO: CREA TRAVEL, APPROVAL AUTHORITY

NAME _____ **DATE**_____

SCHOOL _____ **SCHOOL E-MAIL**_____

REQUEST FOR CONFERENCE ATTENDANCE FROM THE BOARD OF EDUCATION AND FINANCIAL STIPEND FROM DISTRICT/CREA TRAVEL FUNDS:

1. Title of Conference _____
2. Location _____Dates _____
   From To
3. Total conference days _____ Total school days _____ Total substitute days needed _____
4. Purpose of conference: _____

FUNDS ARE REQUESTED FOR THE FOLLOWING PURPOSES:

1. Air Travel from _____ to _____ $_____
2. Car Travel from _____ to _____ $_____
   Total mileage _____ at .50 cents per mile _____
3. Number of days _____ at $83 per day for room _____
   Number of days _____at $46 per day for other expenses _____
4. Registration Fee (amount of member registration only) _____

TOTAL ESTIMATED COST $ _____

Applicant's Signature _____ Date _____

Principal's Approval Signature _____ Date _____

Forward a copy for CREA approval to: CREA Travel Approval Authority
(Must be received by the first Tuesday of the month prior to leave)

Approval of CREA for $400:_____Date _____

CREA forward a copy to: Roger Holt, Director of Human Resources, Administrative Office (Must be received by the 1nd Tuesday of the month prior to leave.)

Approval for Board Agenda and $400:_____Date_____

Copy for: Personnel File, CREA, Bookkeeping, and Employee