SPARTANBURG SCHOOL DISTRICT FOUR
Out-of-District Travel Request
2026-2027

Name: _____ Date: _____

☐ I am requesting to attend this activity.

☐ My School Principal is requesting I attend this activity.

☐ A District Administrator is requesting I attend this activity.

Type of Activity: ☐ Professional ☐ Athletic

Date of Activity: _____ Time of Departure: _____ Time of Return: _____

Name of Activity: _____

Location of Activity:_____

State student learning objective(s) or professional goal to be gained from this activity:
Include a copy of brochure, agenda and/or itinerary to this request.

_____

_____

Substitute Teacher will be needed: ☐ Yes ☐ No

District Car will be needed: ☐ Yes ☐ No

If you use your personal vehicle, mileage will be reimbursed at a reduced rate. Mileage reimbursement form found on District 4 website.

Registration Fee for Activity: $_____
Include registration details for District Office processing

Hotel Accommodations: $_____
Include hotel reservation/confirmation for District Office processing

Other Expenses: $_____
Include explanation for request

Principal Approval _____ Date: _____

Director of Facilities Approval _____ Date: _____

☐ District car available and reserved
☐ District car unavailable, mileage for personal vehicle approved
☐ Not applicable

District Administrator Approval _____ Date: _____

Completed copies to: Employee, Principal, District Administrator, School Secretary