



SCHOOL

**STAFF PRIOR RELEASE
TRAVEL REQUEST**

Date(s) of Release & Travel

Request is hereby made to be released from regularly assigned duties:

- Staff/Student Overnight
- Staff/Student Out of State
- Day Trip Only

- Athletics/Activities
- CTE
- DSL
- Other: _____

Name: _____

Name of Event/Trip: _____

Destination: _____

Address: _____

Purpose of trip: _____

TRANSPORTATION

Mode of Transportation: _____
(rental, private or district car, plane, school bus, charter bus, etc.)

Self Students (# of students: _____)

Estimated Cost of Transportation: \$ _____

Acct. Code for Transportation Cost: _____

MEALS

Estimated Cost of Meals: \$ _____

Cost of Meals Paid By: _____

Acct. Code for Meal Cost: _____

MISCELLANEOUS

Miscellaneous (itemize): _____

Acct. Code for Misc. Cost: _____

LODGING

Name/Address of Lodging: _____

Estimated Cost of Lodging: \$ _____

Cost of Lodging Paid By: _____

Acct. Code for Lodging Cost: _____

TOTAL FOR ALL: \$ _____

Travel Credit Card Needed? Yes No

If "yes," planned travel card expenditures? \$ _____

A substitute teacher is needed: Yes No Half-Day (AM PM) Full Day (# days: _____)

Salary Account # for sub: _____ (must provide if "Yes" is checked)

Staff and/or Chaperones: Name & Position <small>(teacher/advisor, parent, coach, para, etc.)</small>	Sub Needed		Sub Account #
	<i>Yes</i>	<i>No</i>	
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

EXPENSES TO BE BILLED TO:

Organization: _____

Originator: _____

Address: _____

City/State: _____

Zip Code: _____

Staff Signature

Date

Superintendent Designee Signature

Date

Building Administrator Signature

Date

Building Athletic/Activity Signature

Date

District Administrator Signature

Date

**SCHOOL BOARD AUTHORIZATION IS REQUIRED
FOR OUT-OF-STATE/OVERNIGHT TRAVEL:**

School Board Approval Signature

Date

****SUBMIT 5 WEEKS PRIOR TO TRAVEL****