
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:
Estimated Cost of Transportation: \$
Acct. Code for Transportation Cost:

MEALS
Estimated Cost of Meals: \$
Cost of Meals Paid By:
Acct. Code for Meal Cost:

LODGING
Name/Address of Lodging:
Estimated Cost of Lodging: \$
Cost of Lodging Paid By:
Acct. Code for Lodging Cost:

MISCELLANEOUS
Miscellaneous (itemize):
Acct. Code for Misc. Cost:

TOTAL FOR ALL: \$
Travel Credit Card Needed?
If "yes," planned travel card expenditures? \$

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

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

Table with columns: Staff and/or Chaperones: Name & Position, Sub Needed (Yes/No), Sub Account #

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