Auburn School District No. 408
Auburn, Washington 98002

OUT-OF-STATE/OVERNIGHT TRAVEL REQUEST

Name of Group or Individual ____________________________ School/Dept. ________________
Teacher/Advisor ____________________________ No. of Students ________________
Activity/Function ____________________________
Destination (city) ____________________________ Date(s)--include all dates of travel/weekends ________________
Purpose of Trip ____________________________

____________________________________________________________________________________
Lodging Arrangements (name of hotel, room sharing, private home, gymnasium, etc.) ________________

____________________________________________________________________________________
Cost of Lodging Paid by ________________
Meal Arrangements (local restaurants, included in conference, etc.) ____________________________
Cost of Meals Paid by ____________________________
Mode of Travel ____________________________
Travel Costs Paid from ____________________________ Acct. No. ________________

Chaperones and/or additional staff traveling (name and position, e.g., director, teacher, adviser, parent, etc.)
1) ____________________________ Position ____________________________
2) ____________________________ Position ____________________________
3) ____________________________ Position ____________________________
4) ____________________________ Position ____________________________

Signature ____________________________ Date ____________________________
Principal/Supervisor Signature ____________________________ Date ____________________________
School Board Approval Granted ____________________________ Date ____________________________

If you are traveling out of state OR overnight, submit this form to the school programs office at least four (4) weeks prior to the date(s) of travel. Following superintendent or board approval, a copy will be returned to you. All student overnight travel requires board approval. All staff/employee out-of-state travel requires board approval.