

# STAFF TRIP REQUEST

Revised 7.9.22

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Trip Date(s): \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Trip Purpose: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Estimated expenses to be incurred:

Transportation: District vehicle is to be used if available. Check with the Transportation Department for  
1. availability.

If no vehicle is available, # miles \_\_\_\_\_ @ \_\_\_\_\_ 62.5 cents per mile \$ \_\_\_\_\_

2. Lodging: (itemized original invoice required) \$ \_\_\_\_\_

3. Meals: \_\_\_\_\_ meals for a \_\_\_\_\_ day trip (only paid if overnight stay) \$ \_\_\_\_\_

4. Registration fee: (does **not** include membership fee; itemized original invoice required) \$ \_\_\_\_\_

5. Other, list \_\_\_\_\_ (itemized original invoice required) \$ \_\_\_\_\_

**Total estimated expenses:** \$ \_\_\_\_\_

Briefly describe this activity and explain how it will affect the achievement of your students:

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How will you present the conference/workshop information and materials to other teachers? Who will be involved in your presentation? (You will be required to submit an agenda and sign-in sheet after the presentation)

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Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

Fund Director's Approval \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_ Date \_\_\_\_\_

**Business Office Use Only:**

Purchase Order(s): \_\_\_\_\_

Travel Voucher(s): \_\_\_\_\_