

# FORM 1



## REQUEST FOR APPROVAL – EDUCATIONAL TRAVEL

### Section I – General Information

Employee's Name \_\_\_\_\_ School/Location \_\_\_\_\_

Date of Proposed Absence(s) From \_\_\_\_\_ To \_\_\_\_\_

Place of Meeting or Conference \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

I will submit a travel expense form for reimbursement: Yes \_\_\_\_\_ (Complete Section II)  
No \_\_\_\_\_ (Section II not required, skip to Section III)

### Section II - Estimated Expenses to be incurred

Account Code for expenditures: \_\_\_\_\_

Is this federal travel? Yes \_\_\_\_\_ No \_\_\_\_\_ If, yes, Director must sign off on Section III

I anticipate the following expenditures if approved for travel:

	Amount	PO Number (if applicable)
1. Transportation–Mileage reimbursement (DFA rate/gas receipts)	\$ _____	_____
2. Meals for <b>overnight travel only</b> – (max \$59.00/overnight stay) <i>(Note that meal receipts must be turned in to receive reimbursement)</i>	\$ _____	_____
3. Lodging (itemized invoice must be turned in to District Office)	\$ _____	_____
4. Conference Registration (submit agenda to District Office)	\$ _____	_____
5. Other Expenses (Taxi fares, car rentals, flight fares, etc.)	\$ _____	_____
Total Estimated Expenses	\$ _____	

### Section III – Approvals

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Approved by Principal or Supervisor

\_\_\_\_\_  
Approved by Superintendent

\_\_\_\_\_  
Federal Programs/IDEA Director approved (If necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (For out of State Travel)

**NOTE: If you are expecting reimbursement for travel, this form must be returned with your travel expense reimbursement form (Form 2). Requests for reimbursements should be signed and returned within one week of return date of travel.**