



FACULTY OUT OF STATE TRAVEL REQUEST

Employee Name _____ Position _____

School _____ Have you attended/requested to attend another conference this year? YES NO

Name of Conference/Meeting _____

Date of Conference/Meeting _____ Dates of Travel _____

Location of Conference/Meeting _____

Method of Transportation _____

BREAKDOWN OF EXPENSES

Airfare		Conference Registration	
Mileage	<small>(Mileage will not be reimbursed above the lowest airline ticket.)</small>	Shuttle	
Food		Parking	
Hotel		Other (Must Explain)	

TOTAL EXPENSES

Budget Unit for Payment

Please provide a detailed explanation of how the information from the conference/meeting will be used to impact student learning (based on data) and also how it relates to your Professional Growth Plan (PGP).

Signature of Employee

Date

Signature of Supervisor (denotes approval)

Date

Signature of Person Responsible for Budget (If different)

Date

Approved Denied

Superintendent Signature

Date

Approval on this form only allows permission for out of state travel. All procedures and forms required for any professional development must be completed.