

# GORE BOARD OF EDUCATION POLICY

DEE-E1 TRAVEL REQUEST  
FOR ED. MEETINGS

## TRAVEL REQUEST FORM EDUCATIONAL MEETING/CONFERENCE-(Staff only)

Complete the following information two weeks prior to the scheduled meeting/conference date. Submit this form to the building principal for recommendation. Upon the principal's recommendation, it will be forwarded to the superintendent for final approval. Copies will be provided for the employee's files.

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

Building: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Conference/Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) of Meeting/Conference: \_\_\_\_\_ through \_\_\_\_\_

Estimated Expenses: \_\_\_\_\_

Lodging: \_\_\_\_\_ Nights: \_\_\_\_\_ = \$ \_\_\_\_\_

Meals: \_\_\_\_\_ Days = \$ \_\_\_\_\_

Travel @ IRS/DISTRICT POLICY RATE \_\_\_\_\_ Miles = \$ \_\_\_\_\_

Airline Fare Round trip = \$ \_\_\_\_\_

Toll Fees Round trip = \$ \_\_\_\_\_

Registration for Meeting/Conference = \$ \_\_\_\_\_

Total Estimated Costs = \$ \_\_\_\_\_

Applicable to Teachers: \_\_\_\_\_

A substitute will be necessary for grade(s) \_\_\_\_\_ subject

Date(S) \_\_\_\_\_ through \_\_\_\_\_

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APPROVED / DISAPPROVED

Date: \_\_\_\_\_ Building Principal: \_\_\_\_\_

PD COMMITTEE: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

If not PD Committee approved, account that expense including sub (s) will be charged against: \_\_\_\_\_

*PO Required for all district expenditures.*