

EMPLOYEE TRIP REQUEST

Name of Employee _____ Date _____

Employee's current assignment _____

Title of Conference or Activity _____

Location _____ Dates of Conference _____

PLEASE INDICATE HOW THIS CONFERENCE OR WORKSHOP WILL RELATE TO YOUR PRESENT ASSIGNMENT:

Will a substitute be needed _____ Yes _____ no

Travel: Destination:

_____	mi	@.28=\$
Destination:	_____	_____
_____	mi	@.28=\$
Destination:	_____	_____
_____	mi	@.28=\$
Destination:	_____	_____
_____	mi	@.28=\$
Destination:	_____	_____
_____	mi	@.28=\$
Destination:	_____	_____
_____	mi	@.28=\$
Destination:	_____	_____
_____	mi	@.28=\$
Destination:	_____	_____

Travel TOTAL \$ _____
Registration: \$ _____
Ind. Ed _____
Lodging: \$ _____
Misc: \$ _____
Meals: \$ _____

Costs to be paid by..Be specific, Activity, Title,

(ATTACH ALL RECEIPTS)

TOTAL REIMBURSEMENT: \$ _____

Principal's Approval _____ Date _____