



Travel Authorization Number	
Date:	

### Authorization for Travel

I hereby request authority for travel on official school business to the destination on the dates and for the purpose indicated below.

Name (please print): \_\_\_\_\_

School Assigned To/Central Office: \_\_\_\_\_

Purpose of Travel/Professional Association Name: \_\_\_\_\_

Destination of Travel (Location of conference, training, or other): \_\_\_\_\_

Dates of Travel: Departing: \_\_\_\_\_ Returning: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

Accompanied By: \_\_\_\_\_

Account No.: \_\_\_\_\_ (Must be filled out by Central Office Supervisor)

Total Estimated Cost of Travel: \$ \_\_\_\_\_ (Include: registration fee, lodging, mileage, meals, etc.)

Signature: \_\_\_\_\_

### SPECIAL INSTRUCTIONS:

- (1) **This form MUST be submitted at least two (2) weeks prior to the requested dates of travel. When possible, please submit this form earlier than the requested two (2) weeks.**
- (2) For Pre-payment of registration fees-complete ***Check/Visa Request Form*** and submit to Central Office
- (3) Hotel Reservations: (contact Central Office)

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**APPROVAL** (Please Note: Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated cost of this travel.)

Signature: \_\_\_\_\_  
Principal

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

Signature: \_\_\_\_\_  
Instructional Supervisor/ Supervisor of Student Services

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

Signature: \_\_\_\_\_  
Superintendent

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