EDUCATIONAL SERVICE UNIT #13 TRAVEL REQUEST

INSTRUCTIONS:

- Fill out Travel Request form and have the Department Director sign.
- Give signed form to Executive Assistant who will return a copy to attendee after Administrator signs. (Please submit the request at least one (1) month prior to travel. Board approval is needed for attendance at educational workshops, conferences, training programs, official functions, hearings and meetings.)
- Use travel envelope to collect and store all related expenditure receipts. After the trip, attach envelope to the signed and completed travel form, and give the travel documents to the Business Office.
- A reimbursement check will be issued if approved out-of-pocket expenses are listed.

Name(s): of attendees												
Department: Admin Alt	Ed Behavioral Health Early Childhood		Head Start	Migrant	Psych		SOAR	•			s Tech	
				Purpose								
DATE of travel and event	EVENT/ACT as it should appear o and professional	n calendar	LOCATION City, State	Training Contact Hours	Admin /Leader	Assessment /Data	Curriculum	Environment, Climate, Safety	Instruction	School Improvement	Student Event, Parent Involvement	
Motel room(s) needed for # nig	hts on these dat	es									
Motel Location	on or name											
Transportation	on: ESU Vehicle Pe	rsonal Vehicle C	ommercial Travel	Other	<u>:</u>						_	
ESTIMATED EXPENSES: Bill expenses to project/department.										nt.		
Registration \$	gistration Transportation Lodging \$		Meals \$		Other \$		TOTAL \$					
			-									
Employee Signature Date												
PERMISS	ION TO TRAVEI	<u></u>										
Director Signature:					Date							
Administrator Signature:					Date							