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														
Departme r	Department:													
_	Admin 🗌 Alt Ed 🗎 Psych & Behavioral Health 🗎 Early Childhood 🗎 Head Start 🔲 Title I, Part C 🗎 Prof. Learning 🔲 Special Services 🗀 Tech													
								<u>Purpose</u>						
DATE of travel and event	f travel as it should appea		lendar	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 # nights on these dates														
Motel Location or name														
Transportation: ESU Vehicle Personal Vehicle Commercial Travel Other:														
ESTIMATED EXPENSES: Bill expenses to project/department.														
Registration	n	Transportation Lodging		Meals	Meals		Oth	Other			TOTAL			
\$		\$	\$	\$	\$		\$	\$			\$			
Employee Signature Date														
PERM	ISSION	N TO TRAVEL:												
Director Signature:Date														
Administ	rator Sign	ature:								_Date _				