

Hoquiam School District

Travel Request

Individual(s) Requesting Travel: _____ _____ _____ _____	Date of Submission: _____ Travel Dates: _____ Destination: _____
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Event/ Conference: _____

Purpose/Rationale of Travel: How does this correspond to the District/School Improvement Plan or Strategic Plan?

Budget:

Funding Source: (Circle One) Grant ASB Athletics Basic Ed Other: _____

Account Code: _____

Please indicate Total Amounts for each line item, including all participants to be paid out of this code. All amounts must correlate with District Policy for travel allocations.

Registration: _____ 	Airfare: _____ Transport to hotel/Mileage: _____ Hotel: _____ Meals: _____ Misc. (Identify): _____	Estimated Travel Total: _____
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By signing and submitting this request you agree to present to the Board of Directors at its next regularly scheduled meeting, 3-5 key learnings and how they support you in your position as an educator in the Hoquiam School District.

Applicant Signature(s): _____	Date: _____
Administrator Approval: _____	Date: _____
Account Code Approval: _____	Date: _____
Board Approval: _____	Date: _____

*Attach a copy of the conference flyer and hotel location.
 *Travel beyond 500 miles or out of country requires prior approval by the Board and must be submitted one week prior to the board meeting to be approved.