

Application for Authorization of Professional Trip

Date: _____

Individual(s) Requesting Trip

Dates From: _____ Date To: _____
(Include Travel Time)

Destination: _____
City/Agency Hosting Trip

Benefit of attendance to the District: _____

*Expenses to be paid by: Self District Other

Is a substitute needed? Yes No

Total estimated cost to the District \$ _____

Method of Transportation _____

School/Department: _____

Principal/Supervisor Date

Program Director Date

Superintendent Date

Approved Disapproved

*Two classes of travel expenses:

- Travel at employer's request
- Travel at employee request