

ARMOREL SCHOOL DISTRICT
OUT OF DISTRICT TRIP REQUEST FORM

1. **This form is to be filled out for ALL Trips. Professional Development/Meetings/Athletic Events**
2. **Anytime you will be leaving the district you will need to fill out this form, submit it and be granted approval *at least one week prior* to the requested event.**
3. **List all expenses associated with the requested meeting/event. A signed copy of this form must be attached to any travel reimbursement request.**
4. **Make sure a copy of your registration form is attached to this form when you submit it for approval. ** if an overnight stay is needed, please provide name of hotel in which you would prefer to stay. If there is a hotel in which PD/Meeting has discounted rates available, please make sure to have that information available when turning in this form.**
5. **An agenda MUST be attached to request if a hotel is needed**
6. **Mileage will only be paid if school van is not available and prior approval has been obtained.**

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TRIP INFORMATION:

Name: _____

Name of Event/Meeting: _____

Date(s) of Requested PD/Meeting/Event: _____ Location: _____

Registration Fee (if applicable): _____ PO# for Registration Fee: _____

Purpose of Meeting/Event: _____

HOTEL:

Hotel Name & Location: _____

Check-in date: _____ Check-out date: _____ Room Rate: _____

Room type: _____ King _____ Two Doubles _____ Number of Rooms Needed

MEALS:

Estimated cost of meals during your trip: _____

MILEAGE:

Estimated Mileage (# of miles' x .42) mileage increased as of May 13, 2013: _____

Will a Substitute Teacher be needed in your absence? Circle: Yes/No Dates Needed: _____

For Office Use Only

Approved by: _____

Date: _____

Account: _____

Object: _____

Date: _____

Requestor Signature: _____

Supervisor Signature: _____

Account to Charge: _____