

Page Unified School District
CONFERENCE/TRAVEL REQUEST

CHECK ONE: Travel In-State Travel Out-of-State Today's Date _____

Name _____ Position/Grade _____
 Name _____ Position/Grade _____
 Name _____ Position/Grade _____
 Name _____ Position/Grade _____

School/Department _____

Name of Conference _____

Destination _____

Date of Departure _____ Time of Departure _____ Total Nights of Lodging _____

Date of Return _____ Time of Return _____

How would this conference benefit the school district? _____

What are your plans for sharing this information? _____

Signature of Traveler

APPROXIMATE DISTRICT EXPENSE

(circle one) Airplane District Vehicle Personal Vehicle Other

Transportaton:	\$
TOTAL Cost Meals:	\$
TOTAL Cost Lodging:	\$
Registration Fee:	\$
Substitue cost:	\$
Total Cost to go	\$

BUDGET CODE: _____

Number of days a substitute is needed _____

**CALL FOR YOUR SUBSTITUTE AS SOON AS YOU RECEIVE APPROVAL TO TRAVEL
 REQUIRES SIGNATURES OF ALL SUPERVISORS AFFECTED BY YOUR ABSENCE**

Date Approved

Signature of Principal

Date Approved

Signature of Supervisor

OUT-OF-STATE-TRAVEL

Date Approved

Signature of Superintendent