

Sunflower County Consolidated School District
TRAVEL AUTHORIZATION REQUEST

EMPLOYEE: _____

SCHOOL: _____ TEACHING AREA/GRADE: _____

NAME OF CONFERENCE: _____

DATE(S) OF CONFERENCE: _____ CONFERENCE LOCATION: _____

WAYS YOU FEEL THIS CONFERENCE WILL BENEFIT YOU: _____

(Attach a copy of meeting verification. If requesting pre-payments/advanced checks, this request must include a copy of conference pre-registration information, hotel information, etc.)

Projected fees associated with conference

Registration Fee: _____

Hotel Lodging: _____

Meals: _____

Other: _____

TOTAL: _____

If the employee is unable to attend the conference/meeting as requested, the employee is responsible for repayment of all expenses incurred by the school district on his/her behalf.

By signing below, you are indicating that you agree to these terms.

Signature of Employee

Date

(FOR SCHOOL USE ONLY)

(TO BE COMPLETED BY FUNDING SOURCE)

____ APPROVED ____ DENIED

Signature of Principal Date

(FOR CENTRAL OFFICE USE ONLY)

____ APPROVED ____ DENIED

Signature of Superintendent Date

*This request must be **approved** by the superintendent prior to attending any out of district conference/meeting.*

Fees or cost will be paid by:

__ District __ Sp. Ed. __ Vo-Tech
__ Title I __ Title II
__ Other (Specify): _____

Signature of Administrator/Director Date

Account Number **(REQUIRED)**

Professional Development Coordinator Date

Once you have received signed authorization from the Superintendent, enter requisitions in Integrity for Conference Registration, Lodging etc.