

WEBSTER COUNTY SCHOOL DISTRICT

**PRE-APPROVAL
PROFESSIONAL PERSONNEL TRAVEL**

NAME: _____

SCHOOL: _____

FUND EXPENSES TO BE PAID FROM: _____

WORKSHOP/MEETING TO ATTEND: _____

DATES: _____

LOCATION: _____

ESTIMATED TOTAL EXPENSE _____

APPROVED BY PRINCIPAL/ADMINISTRATOR:

SIGNATURE

DATE

APPROVED BY DIRECTOR OF SPECIAL SERVICES:

SIGNATURE

DATE