

## Out of State Travel Request

Date of Request:			
Travel authorization for conference (Place additional names, if any, on	_		
<u>Name</u>		Position/Title	
The employee(s) will be absent from	n the following regular de	ıties:	
The employee(s) will be absent from	if the following regular de	aries.	
Time and Date of Departure	2	Time and Date of	Return
· · · · · · · · · · · · · · · · · · ·			
Agency: Dates of Conference:			
Place of Conference:			
	<u>ESTIMAT</u>	ED COSTS	
	Vendor:		Amount:
☐ Air ☐ Private Auto ☐ Other Meals & Lodging Auto Rental Other Charges			\$
			\$
			\$ \$ \$
			\$
		Total Estimated Costs	\$
☐ Funds are available in Departr	nent Travel Budget #: _		
Signature:		Signature:	
Budget Manager		Employee Initiating Request	
Out of State			
□Approved □ Disapproved			
	<b>Board of Education</b>		Date