

# TRAVEL REQUEST FORM

*(Prior to Out-Of-State/Overnight Travel)*

Please attach documentation/information regarding meeting dates, times, conference site, etc. to this request.  
 (This request must be submitted a minimum of two (2) weeks before a Regular Board Meeting to the Superintendent's Office)

<b>Full Name:</b>			
<b>Group/ Organization:</b>			
<b>Activity Attending:</b>		<b>Leave Date:</b>	<b>Return Date:</b>
<b>Date of Request:</b>	<b>Cell Phone No.:</b>		
<b>Destination:</b>			
<b>Purpose of Trip/Nature of Official Business:</b>			
<b>Members/ Sponsors/ Chaperones Attending:</b>			
<b>MUST BE COMPLETED FOR STUDENT OUT OF STATE/OVERNIGHT TRAVEL (You must submit a list of students attending. And a list of chaperones/sponsors with cell phone numbers)</b>			
<b>Number of Students Traveling:</b>	<b>Number of Sponsors/ Chaperones:</b>	<b>Will students miss class time? YES NO</b>	
<b>How much class time will students miss?</b>		<b>Will fundraising be done for trip? YES NO (Attach Fundraising Details Estimated cost/ profits)</b>	
<b>Assurances: As the main sponsor of this Out of State/Overnight Trip, I assure the School District that I will enforce the Board Policy and Guidelines regarding Out of State/Overnight Trips, uphold and enforce all school rules and submit all required paperwork prior to departure time.</b>		<b>Signature of Sponsor:</b>	
<b>ESTIMATED EXPENSES-</b>	<b>Fund/ OCAS:</b>	<b>School Van Needed: YES NO</b>	
<b>Lodging:</b>		<b>Conference/ Activity Name:</b>	
<b>Transportation:</b>		<b>Hotel Name &amp; Address, Single Room Rate:</b>	
<b>Registration:</b>		<b>DESTINATION: (In order to expedite Prepaid Airfare, please furnish your choice of Airline &amp; Flight # of travel requested.)</b>	
<b>Parking:</b>		<b>Departing From: OKC Tulsa Other:</b>	
<b>Miscellaneous:</b>		<b>Departure Flight Details:</b>	
<b>Prepaid Airfare:</b>		<b>Returning Flight Details:</b>	
<b>Per Diem:</b>		<b>Signature of Principal:</b>	
		<b>Signature of Executive Director:</b>	
<b>GRAND TOTAL:</b>		<b>Signature of Superintendent:</b>	<b>Date of Approval:</b>

Return completed form to Academic Services, 326 N. Union Avenue