## Flowing Wells School District

### Request to Travel

**Important:** This form must be properly completed and in the Business Office NOT LESS THAN 10 days before date of departure. **Please read and complete all sections.**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Travel will be:</th>
<th>In-state (outside Pima Co.)</th>
<th>Out-of-state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School/Dept:</td>
<td>Total No. of days away:</td>
<td>Days absent from job:</td>
<td></td>
</tr>
<tr>
<td>Dates and time away:</td>
<td>From:</td>
<td>To:</td>
<td></td>
</tr>
</tbody>
</table>

### Purpose (Attach copy of Agenda)

- **Check one:** (Nature of trip)
  - Professional:
  - Other:

### Payroll

**Substitute will be employed:**
- Yes [ ]
- No [ ]

**Acct #:**

**Traveler’s regular pay:**
- Will continue -- School business [ ]

### Estimated Cost

**Travel will be by:**
- Plane [ ]
- District vehicle [ ]
- No. [ ]
- Train [ ]
- Private Car [ ]
- Bus [ ]
- Van [ ]
- Rented Car [ ]
- Traveling with Group [ ]

**To be picked up by:**

**Location:**

**Cost of transportation:**

**Meals and lodging:**

**Misc. fees (luggage, etc):**

**Registration fee:**

**Total:**

**Travel financed by:**

**Registration fee acct:**

**Travel reimbursement fee acct:**

### Specific Benefits to District:

### Requested by:

**Traveler’s signature**

### Recommended by:

**Principal or Div. Head**

### Business Office

**Funds available**

**For office use only:**

(If deducted: Substitute pay for ________ days.

Full pay ________ days)

- **Approved [ ]**
- **Disapproved [ ]**

**Superintendent signature**

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**Note:** If no reimbursement is to be claimed, send direct to the Superintendent’s office. If reimbursement is to be claimed, send direct to the Business Office for availability of funds. The Superintendent will take final action on all requests.

**Rev. 2/2013**