## 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.** 

Date:	Travel will be:	In-state (outside Pima Co.)	Out-of-state		
Name:		Title:			
School/Dept.		Total No. of days away:	Days absent	t from job:	
Dates and time away: From:		To:	To:		
PURPOSE (Attach copy of Agenda)  CHECK ONE: (Nature of Trip)  PROFESSIONAL:		PAYROLL SUBSTITUTE WILL BE EMPLOYED: Yes No Acct #: TRAVELER'S REGULAR PAY: Will continue School business			
					OTHER:
TO ATTEND: _		TRAVEL WILL BE BY: Plane Train Bus Rented Car TO BE PICK			
LOCATION:		COST OF TRANSPORTATION			
		MEALS AND LODGING			
		MISC. FEES (LUGGAG	E, ETC)		
SPECIFIC BENEFITS TO DISTRICT:		REGISTRATION FEE  TRAVEL FINANCED BY	– TOTAL <u>–</u> Y:		
		REGISTRATION FEE A	CCT:		
REQUESTED BY:		TRAVEL REIMBURSEN	TRAVEL REIMBURSEMENT FEE ACCT:		
TRAVELER'S SIGNATURE  RECOMMENDED BY:  PRINCIPAL OR DIV. HEAD  BUSINESS OFFICE FUNDS AVAILABLE					
BUSINESS OFFICE USE ONLY:		FOR OFFICE USE ONL	FOR OFFICE USE ONLY:		
TRANSPORTATION SENT:  REQUISITION #:		<u>-</u>	(If deducted: Substitute Pay for days. Full Pay days)		
REGISTRATION PO #: _ TRAVEL REIMB. PO #: _ DATE REGISTERED: _		□ APPROVED		DISAPPROVED	
AGENDA ATTACHED:		-	SUPERINTENDENT SIGNATURE		

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.