

MEMORANDUM

Summary Travel Request Form Out-of-State, Out-of-County, Out-of-Country

TO: _____
FROM: _____
DATE: _____
SUBJECT TRAVEL/TDE APPROVAL FOR: _____

Who is Traveling	
Division / School	
Department	
Dates of Travel	
Destination	
Number of Staff	
Number of Students (if applicable)	
Type of Travel (Out-of State or Out-of-County, Out-of-Country)	
Funding Source (Name and Fund number)	
Total Estimated Cost (including registration, airfare, mileage, hotel, rental car, per diem, <i>see District Travel Policies and Procedures for allowable costs</i>)	

This is to request your approval for:

Statement of Need: (Examples: benefit to District and students, strategically aligned, mandatory compliance for program or federal compliance, training for new teachers, etc).

Approval is recommended for the following reasons:

Benefit to District:

Funding for this travel is available through:

Fund Center _____ Fund _____ Function _____

Please contact one of the Accounts Payable Travel Team members below if you have any questions, or need additional information (Requestor)

David Kattreh, AP Director	390-2087
Luis Cherena, AP Coordinator	390-2919
Jane Sarmiento, AP Account Clerk	390-2860
Decarla Bates, AP Account Technician	390-2162
Heather Chappell, AP Account Technician	390-2331
Ronesha N. Holsey, AP Account Clerk	390-2874

Approved: _____ **Date:** _____
Supervisor / Principal

Approved: _____ **Date:** _____
Cabinet Member/Region Superintendent

Approved: _____ **Date:** _____
Superintendent (if applicable)

Report Out:

*Employee to complete and submit to supervisor upon return of trip:
Narrative describing what was learned, actual benefit to District, strategic alignment, action plans to implement, new compliance issues, academic enhancement, cost savings or avoidance, etc.*
