

# MEMORANDUM

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

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_  
SUBJECT TRAVEL/TDE APPROVAL FOR: \_\_\_\_\_

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

**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)

Evon Nelson, AP Director	390-2087
Heather Chappell, AP Coordinator	390-2331
Jane Sarmiento, AP Account Clerk	390-2860
Angela Hicks, AP Account Clerk	390-2919

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Supervisor / Principal**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Cabinet Member/Region Superintendent**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Superintendent (if applicable)**

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**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.*

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