ATTACHMENT A

SPRINGFIELD PUBLIC SCHOOLS
TRAVEL REQUEST APPROVAL FORM (For Staff Travel Only - No Student Trips)

Name_____ School/Department _____ Date _____

Destination (City & State) _____

Departure Date _____ Return Date _____ Event Date(s) _____

Purpose of Travel _____

Travel Justification Statement _____

_____

General Ledger Account Code for travel expenses _____

Estimated Cost of Attendance

Lodging:	No. of nights _____	x	_____	=		$ 0.00
Meals:	No. of days _____	x	_____	=		$ 0.00
Registration Fee:	*(not including any membership fee)			=		_____
Transportation:	Air (coach fare) _____	Mileage @ 0.585 per _____ mile	$ 0.00			
	Rental car _____					
	Intra-city transportation _____	Estimated cost of all transportation		=		$ 0.00
		Total estimated cost of attendance		=		$ 0.00

_____ Date _____
Traveler's Signature

_____ Date _____
Administrator (Supervisor) Signature

Submission Instructions:
Attach to this form a copy of conference agenda or itinerary if applicable.
Submit form (and agenda) to Supervisor for approval.
Expenses are subject to Board of Education policies and Finance procedures.

09/17/19