

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 _____ = _____

Meals: No. of days _____ x _____ = _____

Registration Fee: *(not including any membership fee) = _____

Transportation: Air (coach fare) _____ Mileage @ _____ per _____ mile _____

Rental car _____

Intra-city transportation _____ Estimated cost of all transportation = _____

Total estimated cost of attendance = _____

Traveler's Signature Date _____

Administrator (Supervisor) Signature Date _____

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.