



OUT-OF-COUNTY/STATE TRAVEL REQUEST

MUST BE SUBMITTED TO THE DIVISIONAL DIRECTOR A MINIMUM OF TWO WEEKS PRIOR TO THE TRIP OR THE REQUEST MAY NOT BE APPROVED

Please provide the following information when requesting approval from the Superintendent to attend out-of-county/state conferences, workshops, meetings, etc. **(Not for field trips. Do not use this form if students are participants; see *Field Trip Authorization Request* LCS 9420-0001)**

Name(s) of all Attendees: _____

School/Division: _____

1. Are there students on this trip? **No** **Yes** (if yes, **do not use this form**; complete and submit LCS 9420-0001 *Field Trip Authorization Request*).
2. Please list the **name and location** of the conference, workshop, meeting, etc. **Please attach an agenda or itinerary.** _____
3. What are the dates of the conference, workshop, meeting, etc.? _____
4. Has your supervisor approved your request? _____
Please attach a print-out of all approved leave from Skyward.
5. What are the benefits for Leon County Schools by you attending the conference, workshop, meeting, etc.? _____

6. a) Total number of adults on trip: _____
- b) What is the total cost of the trip **per person** (please itemize: i.e., registration, travel, hotel, meals, subs, tickets, tolls, fares), use an additional page if necessary:

Total expenses: \$ _____	Hotel: \$ _____
Total cost to LCS: \$ _____	Meals: \$ _____
<i>(if different from above)</i>	Registration: \$ _____
	Per Diem: \$ _____
- c) How much of this will be paid by Leon County Schools and from what source (TEC funds [include signed TEC form], internal accounts, federal funds, etc.): \$ _____

Please include this approved request form with your travel reimbursement request form upon your return.

_____ Principal/Supervisor Signature	_____ Date	Approve	Deny
_____ Director Signature	_____ Date	Approve	Deny
_____ Assistant Superintendent Signature	_____ Date	Approve	Deny
_____ Superintendent Signature	_____ Date	Approve	Deny