

Professional Leave Travel Request

To be completed and approved 35 days prior to travel dates, in accordance with Superintendent Policy 4150.

Name: _____

School, Division or Department:: _____

Travel Purpose: _____

Location: _____

Dates of Travel: _____

Professional Development Benefits to the District: _____

Any sessions you've been asked to present:: _____

Estimated Anticipated Cost of Travel:

| | | |
|--|----|-------|
| Airfare: | \$ | _____ |
| Conference: | \$ | _____ |
| Other Travel Costs: (i.e. rental car, mileage, etc.) | \$ | _____ |
| Lodging: | \$ | _____ |
| Per Diem: (According to www.gsa.gov website for meals and incidentals) | \$ | _____ |
| Taxi/Parking: | \$ | _____ |
| Other: (i.e. internet service, business fax, business phone calls, photocopies, tolls, etc.) | \$ | _____ |
| | \$ | _____ |
| | \$ | _____ |
| TOTAL: | \$ | _____ |

If the request has been submitted less than 35 days prior to the travel date, please explain the late notice:

Signature of Requestor:

Signature of Supervisor:

Date:

Date:
