

**OUT-OF-DISTRICT TRAVEL REQUEST  
CLARENDON SCHOOL DISTRICT TWO**

**\*\* Fill in every line and attach pertinent information (i.e. agenda). \*\***  
**Turn in for approval at least 10 days prior to trip.**

**Title of Meeting/Conference:** \_\_\_\_\_

**Purpose of Meeting/Conference:** \_\_\_\_\_

**Location of Meeting/Conference:** \_\_\_\_\_

**City, Building, Room #, Phone #:** \_\_\_\_\_

\_\_\_\_\_

**Date of Meeting/Conference:** \_\_\_\_\_ **Time** \_\_\_\_\_

**Time and Date of Departure** \_\_\_\_\_

**Time and Date of Return** \_\_\_\_\_

**Source of Funding:** \_\_\_\_\_ **School** \_\_\_\_\_ **District** \_\_\_\_\_ **Federal**

**Specific Funding Source:** \_\_\_\_\_ **Est. Cost** \_\_\_\_\_

**Total # of Days Employee has been absent from work this SY:** \_\_\_\_\_

**Briefly describe how this meeting/conference will enhance the instructional program of the district.**

\_\_\_\_\_

\_\_\_\_\_

**Person Making Request:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**NOTE: ANY PERSON MAKING AN OUT-OF-DISTRICT REQUEST MAY BE REQUIRED TO GIVE AN INSERVICE. THE REIMBURSEMENT OF MEALS WILL BE BASED ON A PER DAY RATE NOT TO EXCEED \$40.00. PLEASE KEEP ALL RECEIPTS FOR REIMBURSEMENT.**

\_\_\_\_\_

**APPROVAL:**

\_\_\_\_ Approved    \_\_\_\_ Denied    \_\_\_\_\_  
Immediate Supervisor / Date

\_\_\_\_ Approved    \_\_\_\_ Denied    \_\_\_\_\_  
Assistant Superintendent / Date

\_\_\_\_ Approved    \_\_\_\_ Denied    \_\_\_\_\_  
Superintendent / Date