

TRAVEL REQUEST

Travel must be approved prior to any fundraisers/transportation/expenditures.

TWO WEEKS prior to intra-state travel. FOUR WEEKS prior to out of state or overnight travel.

Information and forms may be found at www.ksd.org (Click on tab About Us. Policy 2320 & Regulation 7515).

EMPLOYEE NAME _____ SCHOOL/BUILDING _____

DEPART DATE _____ AM _____ PM RETURN DATE _____ AM _____ PM

NAME OF MEETING/EVENT _____ LOCATION _____

DESTINATION: City _____ State _____

WILL THE DISTRICT RECEIVE REIMBURSEMENT FOR YOUR TRAVEL OR SUBSTITUTE?

No

Yes Name of Organization _____

Address _____ City _____ State _____ Zip _____

WILL YOU NEED A SUBSTITUTE?

No

Yes (Circle One: AM PM Full Day) Date _____ Time _____

Number of students substitute will instruct _____

Substitute Budget Code _____

WHAT IS THE MODE OF TRANSPORTATION?

Employee Vehicle Without Students Charter Bus (include minutes and fundraising documentation)

District Bus Ben Franklin Transit Walking Taxi Employee Rental Vehicle Without Students

Carpool Student Driving Own Vehicle Airplane (Student Airline Cancellation Insurance Required)

Attach Policy Regulation 2320 F3 and F4 forms when students are being transported via the following:

Employee Vehicle With Students Volunteer Vehicle With Students Rental Van District Suburban

WHAT IS THE FUNDING FOR TRANSPORTATION?

District Reimbursement ASB Not Requesting Reimbursement Other _____

HOW MUCH WILL THE TRAVEL COST?

Meals, lodging, registration, transportation, etc. (include purchase orders) Total Estimate \$ _____

Budget Code _____ and/or **Budget Code** _____

WILL YOU BE ACCOMPANIED BY STUDENT(S)?

No Yes Teacher In Charge Is? Myself Teacher Name _____

Name of Club/Group _____

One day travel Overnight or out of state travel

Teacher In Charge to keep 2320 F-2 student travel/medical form and provide the following information:

Number of Students: Male _____ Female _____

Attach Itinerary, brief purpose for trip, student names, chaperone names & accompanying KSD staff names.

Number of Chaperones (must have approved volunteer forms): Male _____ Female _____

Employee Signature _____ Date _____

Principal/Administrator Absence Approval _____ Date _____

CABINET APPROVED NOT APPROVED (reason) _____

Authorized Signature _____ Date _____