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 _____

_____

Esimated cost of attendance

Lodging:	No. of nights	_____	X	_____	=	$ 0.00
Meals:	No. of days	_____	X	_____	=	$ 0.00
Registration fee:	*(not including any membership fee)				=	_____
Transportation:	Air (coach fare)	_____	Mileage @ 0.535 per	_____ mile	$ 0.00	
	Rental car	_____				
	Intra-city transportation	_____	Estimate cost of all transportation		=	$ 0.00
			Total estimated cost of attendance		**=**	$ 0.00

_____ Date _____
Traveler's Signature

_____ Date _____
Administrator (Supervisor) Signature

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.