

KARNS CITY AREA SCHOOL DISTRICT TRAVEL AUTHORIZATION REQUEST

NAME	DATE
DEPARTMENT	BUILDING
AUTHORIZATION TO ATTEND	THE FOLLOWING IS HEREBY REQUESTED:
EVENT (Attach documentation	ion)
PLACE	
DEPARTURE DATE	RETURN DATE
TRAVEL BY	(Personal Auto*, Train, Plane, Bus)
TOTAL PERSONAL MILE.	AGE REQUESTED**:
	DED FOR DATE(S) ABSENT AND ARE SCHOOL DISTRICT OVER COST?:
REGISTRATION COSTS A	ND/OR ADDITIONAL FEES/COSTS ***:
	NDANCE AT A SIMILAR MEETING
TO DATE, TOTAL OF SIMILAR M	MEETINGS ATTENDED
I agree to submit a detailed report how the information can be used at I	outlining the specifics of the conference and recommendations for Karns City to your Supervisor.
return. THIS REQUEST FORM	ense report to the <u>Business Office</u> within fifteen (15) days after I MUST BE IN THE OFFICE OF THE SUPERINTENDENT AT PRIOR TO THE SCHEDULED DATE OF YOUR DEPARTURE.
SIGNATURE	
APPROVEDSupervisor	
APPROVEDSuperintender	
Superintender	nt Board of Education

NOTE: Advanced registration fees will be paid by the District **only** if requested. Please be reminded that written reports are to be submitted with itemized expense reports.

(*It is expected that you car pool if more than one employee is traveling to same location. Lunch is not covered unless the travel is overnight and/or required by the meeting and not included in registration or if employee is accompanying a district student. **Attach documentation supporting mileage. ***Attach documentation supporting all fees – Receipts required for all expenses; food items must be itemized. PLEASE REFER TO THE GUIDELINES IN POLICY #331)

KARNS CITY AREA SCHOOL DISTRICT

NAME: DATE:	
1.	How did you benefit professionally by attending this conference?
2.	How was this conference connected to the District's Strategic Plan?
3.	How will/did you share what you have learned with other teachers?