	Location: Date(s) o Organiza Sub Requ Is this an	f Conference tion Holding uired? Y or f	Meeting: No. of Date:	rinter VIIIC 5-23 ays Date(s	School: _ dent	BOE Mee	ting	travel Travel emplo form fo	o departure, all emust be approve Authorization Foyee per form. (Sor instructions/per	ed using this orm. Only 1 See back of
	Excluding	this trip, tot	al number o	f work days o	utside the d	listrict this so	chool year: _			
E	Estimated Registra	d Expenses:	odging	Meals	Mileage 32	Airfare	(estimate - \$8 Sub		Total Est, Exp	enses O
1	urce of F		Te	Iministrative 1 acher Travel ofessional De			Grant Project General Fund Other	d	_	
			· ·		Ap	proved by:	100		(Princip	
Approved by:									upenintendent)	
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White Copy - Central Office

Yellow & Pink Copies - Employee Copies