

## REQUEST FOR OUT OF STATE TRAVEL

Directions: Complete a form for each individual in the district requesting to attend an out-of-state travel event. Incomplete forms and those without the required documentation and signatures will be returned unsigned to the district. **All travel must have prior board approval. For information related to lodging and per diem rates, refer to <http://www.gsa.gov>, and for eligible subsistence/reimbursement, refer to N.J.A.C. 6A:10 (h).**

District Name: \_\_\_\_\_ Request Submission Date: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 District Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PARTICIPANTS' NAMES	TITLE	Departure Date/Time	Returning Date/Time

Indicate type of Travel Event:  Training/Seminar  Convention/Conference  Regular School District Business  Retreat

**FUNDING BREAKDOWN**

Registration: \$	Meals: \$	*Other Costs: \$
Air Fair: \$	Parking: \$	Total Requested: \$
**Lodging: \$	Taxi: \$	

\* **Other Costs** (provide explanation and breakdown): \_\_\_\_\_  
 Account Budgeted: \_\_\_\_\_ Total Amount in Budgeted Account: \$ \_\_\_\_\_  
 \*\* **For lodging, indicate if the hotel is the site of event/conference:**  Yes  No

List goals and objectives from the district's Professional Development Plan: \_\_\_\_\_  
 \_\_\_\_\_

**JUSTIFICATION OF NEED**

Provide justification of need: 1) relationship of attendance at this event to the critical instructional and operational needs of the district, including link to the Core Curriculum Content Standards; 2) explanation as to how those attending will share what they learned with others in the school district; 3) documentation that the knowledge and information to be gained at this conference cannot be obtained through more cost effective means; and 4) explanation as to how the request is consistent with best practices in professional development.

**AGENDA/ITINERARY:** For each day, include the title and time of workshops to be attended. Attach the itinerary.

**District Authorization**

Chief School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 District Board of Education Approval Date: \_\_\_\_\_

**For DOE Use Only**

Approval Granted: \_\_\_\_\_ Request Denied: \_\_\_\_\_  
 Costs Approved: \_\_\_\_\_

Registration: \$	Meals: \$	*Other Costs: \$
Air Fair: \$	Parking: \$	Total Approved: \$
Lodging: \$	Taxi: \$	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Thomas Dowd, Executive County Superintendent