

**CROWLEY'S RIDGE EDUCATIONAL SERVICE COOPERATIVE
TRAVEL REQUEST FORM**

REQUEST FOR APPROVAL TO PARTICIPATE IN OVER-NIGHT ACTIVITY BEING CONDUCTED OUTSIDE THE BOUNDARIES OF THE CROWLEY'S RIDGE EDUCATION SERVICE COOPERATIVE OR THE SCHOOL DISTRICTS YOU SERVE.

NAME OF EMPLOYEE REQUESTING TRAVEL: _____

NAME AND DATES OF ACTIVITY: _____

PRESENTER: _____

LOCATION: _____

HOTEL: _____

TRAVEL TO DATE & TIME: _____

TRAVEL FROM DATE & TIME: _____

RATIONALE FOR ATTENDING: (A brief narrative indicating the justification for attending.)

PARTICIPATION COSTS
Estimation of cost to Cooperative

REGISTRATION FEE: _____
LODGING FEE: _____
MILEAGE EXPENSE: _____
MEALS: _____
MISCELLANEOUS: _____

OF MEALS PROVIDED BY EVENT:
Breakfast _____
Lunch _____
Dinner _____

TOTAL ESTIMATED COSTS: _____

ACCOUNT TO BE CHARGED: _____

SIGNATURE OF TRAVELER _____

The above request is APPROVED _____ DENIED _____

SIGNATURE OF DIRECTOR _____

PLEASE ATTACH AGENDA TO THIS FORM

NOTE: AN APPROVED COPY OF THIS FORM WILL BE ON FILE IN THE BOOKKEEPING OFFICE BEFORE ANY REIMBURSEMENT FOR TRAVEL WILL BE PROCESSED.