

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

TRAVEL FORM

This form must be properly completed and submitted to Office of Approval not less than 10 workdays before date of departure. See reverse for special instructions.

Name _____	Position _____
School/Dept. _____	Phone Number _____
_____	Substitute (is) (is not) required
Work days absent _____	Dates _____
From _____ To _____	(Substitute not authorized for absences of two days or less)

EDUCATIONAL PURPOSE

Reason for Travel: _____

Destination/Location: _____

Dates of Activity/Event _____

Number of other personnel attending meeting/conference:

SFUSD Staff: _____ SFUSD Students: _____ Community Representatives: _____

Travel Performed By	Estimated Travel Costs
<input type="checkbox"/> Plane	Meals & Lodging _____
<input type="checkbox"/> Bus	Transportation _____
<input type="checkbox"/> Train	Other _____
<input type="checkbox"/> Rental Car	Total _____
<input type="checkbox"/> Pvt Car (If private car is used attach list of names of other SFUSD persons traveling in car)	Appropriation Number _____

Travel requested is necessary for educational purposes.

Requester's Signature _____ Date _____

Approved, I certify that funds are available and requested travel is necessary and consistent with established educational purposes:

School Principal
or Dept. Head _____ Date _____

Approved
for Superintendent of Schools _____ Date _____

SFUSD TRAVEL REQUEST FORM ADDENDUM

Name of Conference: _____

Dates Of Activity/Conference: _____

Location Of Conference: _____

Major Objectives For Travel/Conference Attendance: _____

How will Activity/Conference Participation Improve The Effectiveness Of Instruction For Students? _____

Specifically, HOW And WHEN Do You Plan To Disseminate Information, Skills, And/Or Knowledge Gained From Activity/Conference? _____

Target Audience: _____ Date: _____

(Attach additional sheet, if needed.)

Name of person requesting approval (PRINT)

Site/Work Location

Signature of person requesting approval

Date

Approved by: _____

Principal/Supervisor/Ass't. Supt./Supt.'s Designee

Date

This form must be completed and signed and submitted with the TRAVEL REQUEST FORM.