



Shelton School District Out-of-State Training Request for Staff

Name _____ Date _____

Title/Position _____ School _____

Travel Dates: From _____ To _____

Destination _____

Purpose of Travel _____

1. What is the source of funding for the training/travel? _____

2. Is the funding earmarked by a grant for this training/travel? _____

3. Is similar/equivalent training available in-state or at a closer location? _____

4. Why is the training important to school improvement? _____

5. How will this training be shared and implemented at the building/district? _____

	<u>Total Cost of Travel</u>	<u>Reimbursement Requested From School District</u>	
		<u>General Fund</u>	<u>ASB Fund</u>
Lodging	\$ _____	\$ _____	\$ _____
Meals	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Registration	\$ _____	\$ _____	\$ _____
Parking, etc.	\$ _____	\$ _____	\$ _____
Substitute Teacher	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

General Fund Account Code _____ ASB Fund Account Code _____

Employee's Signature _____

Building Administrator's Signature _____

School Board Action: Approved { } Denied { } Date _____

***Travel form must be received by the Superintendent's Office seven (7) days prior to the school board meeting.**