

# Brownsboro High School

## REQUEST TO ATTEND

*Instructions: A "Request to Attend" form must be submitted for approval any time a staff member plans to be out of the district on school business. Please indicate transportation (mileage), meals, lodging, registration fees, etc. if applicable. Every completed form must include district/campus budget account numbers for travel expenses. A form submitted without account numbers will be returned to the person submitting the request. Forms should be submitted at least two weeks prior to the date of participant's event.*

<b>Date:</b>			
<b>Print Name of person making request:</b>			
<b>For Period Of:</b>			
<b>Location:</b>			
<b>Purpose:</b>			
<b>Objective and Benefits:</b>			
<b>Request Initiated by:</b>	<b>Teacher:</b>	<b>Principal:</b>	<b>District Administrator:</b>
Will Substitute be needed:	<b>Yes</b>	<b>No</b>	<b>If yes, how many days:</b>
<b>Transportation</b> (Mileage @ .56c per mile) Reimbursement: Bus 1.75 other .60c			\$
<b>Parking</b> (non-covered, long-term, or remote) Varies			\$
<b>Meals</b> \$36/day receipts required. No local meals ( ie: Tyler, Kilgore, etc.) Student Meals: \$20/day. \$5/meal non overnight/overnight \$5 Breakfast, \$6 Lunch, \$9 Dinner/Non-Overnight/Receipts required.			\$
<b>Lodging</b> \$110.00 per person			\$
<b>Registration</b> (attach copy of registration form)			\$
<b>Other</b> (Specify)			\$
<b>Total Travel</b> (Budget or Act Acct# ) <b>Required:</b>			\$
<b>Estimated Total</b>			\$
Person making request signature:		Date:	
Campus Principal Signature:		Date:	
<b>Please submit two (2) copies. One (1) copy will be returned to you to acknowledge approval for your request.</b>			
<b>Overnight Travel:</b> Check in advance			