

PRIORITY CHARTER SCHOOLS TRAVEL REQUEST FORM

Employee: _____

Date of Request: _____

Campus: Admin CCA CPCA
GCA TCA

Department: Gen Ed. SpEd ESL GT
CTE PK Other: _____

Purpose of Trip: _____ (Attach Event Flier)

Travel Location: _____ *Only the Superintendent can authorize out of state travel.*

Estimated Date(s) of Travel: _____ to _____

Estimated Cost:

Registration	\$ _____	Registration Due Date: _____
Hotel:	\$ _____	Preferred Hotel: _____
Travel:	\$ _____	Mode of Travel: Air Personal Vehicle Rental
Other:	\$ _____	_____
TOTAL ESTIMATED COST: \$ _____		

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

----- **FOR BUSINESS OFFICE USE ONLY** -----

Per Diem Calculations

Date	Breakfast	Lunch	Dinner	Incidentals	Daily Total

Total Estimated Cost w/per diem: _____

Approved: Yes No

By: _____

Date: _____