

INDEPENDENT SCHOOL DISTRICT 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 405.8.4P Adopted April 1985 Revised February 2016

Title Request for Travel

1. The following must be completed and submitted for approval at least one week prior to travel:

Name _____ School/Dept. _____

Conference title _____

Conference location _____ Date(s) _____

Conference sponsor _____

District and/or school/department goals to be addressed:

Specific goals to be accomplished:

How will you be collaborating with other colleagues in regards to the above goals? Please list the colleagues collaborating with you:

Submit a summary of your collaboration to your director.

2. Estimated cost for travel requested: Comments:

Registration \$ _____

Mileage \$ _____

Airfare \$ _____

Meals \$ _____

Lodging \$ _____

Substitute \$ _____

Other \$ _____ (specify) _____

Total cost to District 196 \$ _____

3. Submitted by _____
name (print) signature date

4. Submit request as follows:
- Licensed and non-licensed school employees - to principal or special education administrator
 - Non-licensed employees - to department director or coordinator
 - Principals and licensed employees not traveling on a professional growth plan grant - to director of elementary education/secondary education/special education
 - Superintendent's cabinet members - to superintendent
 - School Board members and the superintendent – to School Board chairperson

Approved by _____
signature title date