

Requested by:			Has the traveler(s) been approved for another out-of-state trip during this fiscal year?	
Name of traveler(s	s):			
Travel destination	(City, ST):			
Event name:				
		Return date:		
		Per Traveler	Total Cost	
	Number Travelers			
	Number of Nights			
	Number of Days			
	Airfare + 1 Bag	Round Trip		
	Ground Travel	# of		
	Out-of-State Per Trip			
	In-State Per Mile	# Miles Round Trip		
	Hotel	Per Night		
	Registration Fee			
	Per Diem	Per Day		
	Substitute	# School Days		
	Travel Insurance	Per Person	1	
		Total Group Cost		
Funding source bu	ıdget account:			
Describe the reaso	on for the travel inclu	iding the benefits to	o the district.	
=	nformation gained do	•	l be shared or disseminated with	
Requestor's Signature:CTE Director's Approval:				
CIE Director s Ap	provar			