

FIELD TRIP REQUEST FORM
E A SEPARATE FORM FOR EACH TRI

Parent Permission Form is required for each student field trip. See below reference distribution section for details concerning each type of trip.

Tenahya's Name

Room#

916.712.0782

Fax # 551.2196

Field.Trip

Univers of Kentucky

TRAVEL REQUEST FORM (ACC-F014)
 Sacramento City Unified School District

| | | |
|---|--|--|
| Request to Attend: <input type="checkbox"/> Conference/Workshop | Purpose for Attending: <input type="checkbox"/> Professional Development | Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state |
| <input type="checkbox"/> Business Meeting | <input type="checkbox"/> Continued Education Credits Earned | |

School/Department CK McClatchy

Date Feb

018

University of Kentucky KY
of Champions (policy debate and speech)

How does this travel align with the District's

College and Career Ready Students

How will this activity/event be used and shared?

| Name of Attendee(s) <small>(attach sheet for additional attendees)</small> | Position | Substitute | No. of Days | Budget Code |
|---|----------|------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

No
No
No
No

SEND A COPY OF THIS FORM TO PERSONNEL.

Additional Attendees Attached

Approvals:

District cost for all atten

time)

2/26/18

Registra

*** 0

Prior

Signature & Print Name

Meals Included?