

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

| | | |
|---|--|--|
| <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting | <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned | This form must be completed and received in Accounts Payable at least _____ prior to the proposed trip- _____ if out-of-state. |
| | | REQ # <input style="width: 100%;" type="text"/> |

School/Department Date

Date(s) of Event Location

Event Title (attach brochure)

Purpose*
 *(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan?

How will this activity/event be used and shared?

| Name of Attendee(s) (attach sheet for additional attendees) | Position | Substitute (| No. of Days Required | Budget Code (for substitute) |
|--|----------|-----------------|-------------------------|---------------------------------|
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| | | | | |
| | | | | |

Additional Attendees Attached

| | |
|--|------|
| Principal/Department Head Signature & Print Name | Date |
| Cabinet Level or Designee Signature | Date |
| Chief Business Officer Signature | Date |
| Superintendent or Designee Signature | Date |

District cost for all attendees (estimate)

Registration Fee ***

Meals included?

B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL

Categorical Budget Code(s): _____ \$ _____

General Fund/Unrestricted _____ \$ _____

***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____

All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

| | Requisition # | Dollar Amount |
|------------------|---------------|---------------|
| Registration Fee | _____ | _____ |
| Hotel | _____ | _____ |
| Airfare **** | _____ | _____ |
| Car Rental **** | _____ | _____ |

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830