

**SCOTT COUNTY SCHOOLS
PRE-APPROVAL FOR OUT OF TOWN/CONFERENCE TRAVEL**

ALL CONFERENCES/OUT OF TOWN TRAVEL MUST RECEIVE PRIOR APPROVAL OF THE SUPERINTENDENT BEFORE REIMBURSEMENT WILL BE GIVEN.

NAME: _____ **SCHOOL:** _____

ADDRESS: _____ **JOB ASSIGNMENT:** _____

DESTINATION: _____ **DATES:** _____

CHECK ALL APPLICABLE BOXES:

_____ Conference _____ Workshop _____ Technical Assistance

_____ Presenter _____ Member _____ Appointed Team

Other (Explain): _____

JUSTIFICATION: _____

ESTIMATED COST OF TRIP:

Transportation Cost (Air, Train, State Car, Mileage, Etc.) _____

Lodging - Number of Nights _____ Rate _____ _____

Lodging Tax and Surcharges _____

Meals and Incidental Expenses _____

Registration Costs _____

Other (Itemize) _____

TOTAL ESTIMATED COST OF TRIP _____

IS AN OUTSIDE ORGANIZATION REIMBURSING ANY OF YOUR EXPENSES DIRECTLY TO YOU OR THE SCHOOL SYSTEM? _____NO _____YES

ORGANIZATION'S NAME: _____ **PAYABLE TO:** _____

REQUIRED SIGNATURES:

YOUR SIGNATURE: _____ **DATE:** _____

PRINCIPAL/SUPERVISOR _____

PRINTED NAME SIGNATURE DATE

SUPERINTENDENT _____

PRINTED NAME SIGNATURE DATE