Uintah School District

In-State Travel Request

Name of Employee _____

School/Department _____

Name of In-Service/Workshop _____

Reason for In-Service/Workshop _____

Dates of In-Service _____ Destination _____

Estimated Costs of Travel	
Registration	$
Travel	$
Hotel	$
Per Diem	$
Parking/Shuttle	$
Substitute, if any	$
Other	$
Total	**$**

Have you already registered? YES NO (If yes, please complete table below.)

Estimated Costs of Cancellation	
Registration	$
Travel	$
Hotel	$
Other	$
Total	**$**

Budget being charged (e.g. fed. grant, school funds, etc.) _____

_____

Employee Signature Date

Supervisor signature is required before submitting to Superintendent for approval; Signature indicates that trip has been evaluated and deemed to be essential travel.

Approved ☐ Not Approved ☐ Approved ☐ Not Approved ☐

_____ _____

Supervisor's Signature Date District Director or Superintendent's Signature Date