

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.) _____

Approved Not Approved

Employee Signature Date

Supervisor's Signature Date

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

Approved Not Approved

Approved Not Approved

Program Director's Signature Date

Superintendent's Signature Date