

REQUEST FOR TRAVEL

Directions: This form should be completed if five (5) or more staff will attend a professional development opportunity and/or the event will exceed \$5,000. **All travel must have prior board approval. For information related to lodging and per diem rates, refer to <http://www.gsa.gov>, and for eligible subsistence/reimbursement, refer to N.J.A.C.**

District Name: _____ Request Submission Date: _____

Name of Event: _____ Event Location: _____

District Contact Name: _____ Phone: _____ Fax: _____

Number of Attendees: _____ Dates(s) of Conference: _____

Title of Conference: _____

Date and Time of Departure: _____ Date and Time of Return: _____

Location of Conference: _____ **Total Cost of Conference:** _____

Name of Attendee	Title	Name of Attendee	Title
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Cost Breakdown (per person)

Registration	Travel Cost <i>(Air/Car/Train)</i>	Meals & Incidentals <i>(GSA approved rate)</i>	Hotel Cost <i>(GSA Rate or Conference Headquarters)</i> <i>please note</i>	Misc – <i>(Taxi Fare)</i>	Total Anticipated Cost Per person
\$	\$	\$	\$	\$	\$

JUSTIFICATION OF NEED:

Explanation of how this activity relates to the approved professional development plan and the core curriculum content standards and is considered with best practices in professional development

Explanation of why you cannot limit the number of participants to 3

Explanation of how those attending will share what they learned with others in the district

Documentation that the knowledge and information to be gained cannot be attained through a more cost effective means

Agendas/Itinerary: For each day include the title and times of workshops to be attended or attach itinerary/agenda

BOE assurance approving this travel
Date of Board Meeting(s): _____
<input type="checkbox"/> Attached copy of minutes relating to this travel approval

Assurance that subsistence/reimbursement will be consistent with the new regulations and relevant OMB circulars
This request has been approved by the Superintendent

Superintendent's Signature

Date
Date to Executive County Superintendent for approval: _____

For Executive County Superintendent Use Only

Approval Granted: _____ Request Denied: _____

Costs Approved:

Registration: \$	Meals:\$	*Other Costs:\$
Air Fare: \$	Parking: \$	Total Approved: \$
Lodging: \$	Taxi:	

Signature: _____
Margaret J. Nicolosi

Date: _____