

WISD CONFERENCE/EVENT/TRAVEL

BEFORE SUBMITTING ANY TRAINING AND TRAVEL, VISIT WITH YOUR CAMPUS PRINCIPAL OR ATHLETIC DIRECTOR FOR APPROVAL TO SUBMIT

EVENT ATTENDING: _____

DATE(S) OF EVENT: _____

****PLEASE ATTACH A COPY OF EVENT INFORMATION****

PERSON(S) ATTENDING: _____

\$ COST \$ OF EVENT: _____

MEALS: The district only provides meals if event is overnight.

PER DIEM MEALS: The overnight information given below will determine your meal allotment.

AMOUNT DISBURSED : _____

By signing you are stating all funds were spent for meals at your event. If any funds are left they must be returned to the district.

Employee: _____ **Date:** _____

OVERNIGHT NEEDED:

CHECK-IN DATE: _____ TIME DEPARTING: _____

CHECK-OUT DATE: _____ TIME RETURNING: _____

OF ROOMS _____

*****Employees are to use a school district vehicle; however, if a vehicle is not available, mileage will be paid. If you choose to take your personal vehicle, mileage will not be paid.**

Employee signature: _____

Principal signature: _____

Superintendent's Approval: