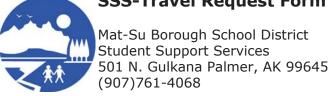
Print Form

SSS-Travel Request Form



Special Instructions: Complete and save this travel request form. All fields on this form must be completed or the request will be returned for additional information. Attach the completed form to an AESOP leave request. Travel may be denied if the information contained on this form is not provided within your AESOP leave request. The travel request must be approved prior to any travel arrangements being made. **Employees and Supervisors are responsible for how district funds are spent.**

Employee Name					Employee ID #	
Title / Position					School / Department	
Conference						
Location	Conference Web-Site					
Conference Description				_		
Travel Start Date		End Date		Conference St	tart Date End Date	
Is PERSONAL TRA	VEL associated	with this it		es lo <i>If yes, ente</i>	er an additional absence in Aesop for pers	onal travel.
Is a SUBSTITUTE r	required based	on this itine		es Day(s) Nee lo	eded, if any	
Enter ESTIMATE	D COSTS.		FUNDING Inf	ormation / Note	es, If Known:	
Enter (0) if there Provide the bes estimating high checking prices to	t estimate if necessar	possible, y, and				
Airfare						
Hotel Room			JUSTIFICATIO	N for Participation	n in or Attendance at Activity, Event, or C	onference
Conference Fees						
Car Rental						
Per Diem						
Other						
TOTAL						
Approved for Tra	vel? \[Yes	□No				
Funding Account Code				SSS Execu	tive Director/Assistant Director Signature	Date
Substitute Account	Code			1		
Aesop Absence Nu	umber			Grant	Supervisor Signature (if applicable)	Date
Additional Notes				1		
				Associate S	Superintendent of Instruction Signature	Date
				Bu	Deputy Superintendent of usiness & Operations Signature	Date
					Superintendent Signature	Date