



SSS-Travel Request Form

[Print Form](#)

Mat-Su Borough School District
Student Support Services
501 N. Gulkana Palmer, AK 99645
(907)761-4068

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	<input type="text"/>	Employee ID #	<input type="text"/>
Title / Position	<input type="text"/>	School / Department	<input type="text"/>
Conference	<input type="text"/>		
Location	<input type="text"/>	Conference Web-Site	<input type="text"/>
Conference Description	<input type="text"/>		

Travel Start Date	<input type="text"/>	End Date	<input type="text"/>	Conference Start Date	<input type="text"/>	End Date	<input type="text"/>
Is PERSONAL TRAVEL associated with this itinerary?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter an additional absence in Aesop for personal travel.		
Is a SUBSTITUTE required based on this itinerary?				<input type="checkbox"/> Yes <input type="checkbox"/> No	Day(s) Needed, if any <input type="text"/>		

Enter **ESTIMATED COSTS.**

Enter (0) if there are no estimated costs. Provide the best estimate possible, estimating high if necessary, and checking prices to confirm estimates.

Airfare	<input type="text"/>
Hotel Room	<input type="text"/>
Conference Fees	<input type="text"/>
Car Rental	<input type="text"/>
Per Diem	<input type="text"/>
Other	<input type="text"/>
TOTAL	<input type="text"/>

FUNDING Information / Notes, If Known:

JUSTIFICATION for Participation in or Attendance at Activity, Event, or Conference

Approved for Travel? ☐ Yes ☐ No

Funding Account Code	<input type="text"/>
Substitute Account Code	<input type="text"/>
Aesop Absence Number	<input type="text"/>
Additional Notes	<input type="text"/>

SSS Executive Director/Assistant Director Signature Date

Grant Supervisor Signature (if applicable) Date

Associate Superintendent of Instruction Signature Date

Deputy Superintendent of Business & Operations Signature Date

Superintendent Signature Date