



Travel Request Form

Print Form

Mat-Su Borough School
District 501 N. Gulkana
Palmer, AK 99645
(907)761-4357

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 End Date Conference Start Date End Date

Is **PERSONAL TRAVEL** associated with this itinerary? Yes No *If yes, enter an additional absence in Aesop for personal travel.*

Is a **SUBSTITUTE** required based on this itinerary? Yes No Day(s) Needed, if any

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

Approvals: Please Note - Principal approval is required prior to this form being submitted.

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

Principal Signature	Date
Grant Supervisor Signature (if applicable)	Date
Associate Superintendent of Instruction Signature	Date
Deputy Superintendent of Business & Operations Signature	Date
Superintendent Signature	Date