

WORCESTER COUNTY PUBLIC SCHOOLS

Out of County Travel Request Form

Please complete this form when requesting approval for "Out of County" travel. Trip requests must be approved prior to processing registrations, reserving hotel accommodations, etc. This request must be made at least one month in advance and please allow one week for approvals. This form is not to be used for student travel. (Please use a Field Trip Request Form for student trips.)

Requestor's Name:	School:	Date of Request:
Others Attending:		
Event:		
Date of Event:	Place:	
Purpose of Event:		
Funding Source: County:	School:	Grant (specify):

Estimate the expenses you expect to incur when traveling. If registration is to be paid in advance, complete Part I on reverse side. Upon returning from travel, complete Part II (see reverse side) and return to Finance Department within one week of travel. Remember to ask for detailed receipts as this will be necessary for full reimbursement.

ESTIMATED EXPENSES					Costs
Enterprise Car Rental:	<u>yes</u> <u>no</u>	<u>\$34</u> x # of days	=	<u> </u>	\$
OR					
Approximate Miles :	<u> </u>	x .445	=	<u> </u>	
Parking:	<u>\$</u>	+ Tolls: <u>\$</u>	=	<u> </u>	
Registration Fee:	<u># attending:</u>	x <u> </u>	=	<u> </u>	
Meal Costs:					
Breakfast:		Lunch:		Dinner:	
\$5 x <u> </u> = <u> </u>		\$10 x <u> </u> = <u> </u>		\$20 x <u> </u> = <u> </u>	
Lodging:	<u> </u>	# of Nights: <u> </u>	x \$ per Night: <u> </u>	=	<u> </u>
Other Costs (specify):	<u> </u>		=	<u> </u>	
TOTAL ESTIMATED COSTS \$					<u> </u>

Requestor _____ Date _____

Principal/Administrator _____ Date _____
Approved Not Approved

Assistant Superintendent _____ Date _____
Approved Not Approved

Superintendent _____ Date _____
Approved Not Approved

