

# SAN FRANCISCO UNIFIED SCHOOL DISTRICT

## TRAVEL FORM

This form must be properly completed and submitted to Office of Approval not less than 10 workdays before date of departure. See reverse for special instructions.

Name _____  School/Dept. _____  _____  Work days absent _____  From _____ To _____	Position _____  Phone Number _____  Substitute (is) (is not) required _____  Dates _____ (Substitute not authorized for absences of two days or less)
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### EDUCATIONAL PURPOSE

Reason for Travel: \_\_\_\_\_

Destination/Location: \_\_\_\_\_

Dates of Activity/Event \_\_\_\_\_

Number of other personnel attending meeting/conference: \_\_\_\_\_

SFUSD Staff: \_\_\_\_\_ SFUSD Students: \_\_\_\_\_ Community Representatives: \_\_\_\_\_

<p style="text-align: center;"><b>Travel Performed By</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Plane   <input type="checkbox"/> Train   <input type="checkbox"/> Pvt Car (If private car is used attach list of names of other SFUSD persons traveling in car)         </div> <div style="width: 45%;"> <input type="checkbox"/> Bus   <input type="checkbox"/> Rental Car         </div> </div>	<p style="text-align: center;"><b>Estimated Travel Costs</b></p> Meals & Lodging _____  Transportation _____  Other _____  Total _____  Appropriation Number _____
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Travel requested is necessary for educational purposes.

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved, I certify that funds are available and requested travel is necessary and consistent with established educational purposes:

School Principal  
or Dept. Head \_\_\_\_\_ Date \_\_\_\_\_

Approved  
for Superintendent of Schools \_\_\_\_\_ Date \_\_\_\_\_

## SFUSD TRAVEL REQUEST FORM ADDENDUM

Name of Conference: \_\_\_\_\_

Dates Of Activity/Conference: \_\_\_\_\_

Location Of Conference: \_\_\_\_\_

Major Objectives For Travel/Conference Attendance: \_\_\_\_\_

How will Activity/Conference Participation Improve The Effectiveness Of Instruction For Students? \_\_\_\_\_

Specifically, HOW And WHEN Do You Plan To Disseminate Information, Skills, And/Or Knowledge Gained From Activity/Conference? \_\_\_\_\_

Target Audience: \_\_\_\_\_ Date: \_\_\_\_\_

(Attach additional sheet, if needed.)

Name of person requesting approval (PRINT)

Site/Work Location

Signature of person requesting approval

Date

Approved by: \_\_\_\_\_

Principal/Supervisor/Ass't. Supt./Supt.'s Designee

Date

This form must be completed and signed and submitted with the TRAVEL REQUEST FORM.