

**TRAVEL REQUEST**  
**Out of State Conferences**  
**Executive County Superintendent Approval Form**  
 N.J.A.C. 6A:23A-5.9(c)

To the Executive County Superintendent:

The below listed out of state travel event has a \_\_\_\_\_ Total Cost that exceeds \$5,000.00; or  
 \_\_\_\_\_ Six (6) or more individuals attending the event

District: \_\_\_\_\_ Submission Date: \_\_\_\_\_

District Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Travel Event \_\_\_\_\_

Sponsored by \_\_\_\_\_

Location of Event \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

**Conference Attendees** (Continue on back if necessary)

1.	5.
2.	6.
3.	7.
4.	8.

**Funding Breakdown** – Per Attendee

Registration: \$	Meals: \$	*Other Costs: \$
Airfare: \$	Parking: \$	Total Requested: \$
**Lodging: \$	Taxi: \$	

\*Other Costs – (Provide explanation and breakdown) \_\_\_\_\_

Account Budgeted: \_\_\_\_\_ Total Amount in Budgeted Account \$ \_\_\_\_\_

\*\*For lodging, indicate if the hotel is the site of the event/conference: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Purpose of Travel, Justification** (Continue on back if necessary)

Provide the purpose; justification of travel \_\_\_\_\_

**District Authorization:** Prior to Submission to Executive County Superintendent

**Approval:**

Chief School Administrator or Designee \_\_\_\_\_  
*Signature* *Date*

Approval Passaic Board of Education \_\_\_\_\_ (Meeting Date)

**For DOE Use Only**

Approval Granted: \_\_\_\_\_ Request Denied \_\_\_\_\_ No Action Taken \_\_\_\_\_

**Costs Approved:**

Registration: \$	Meals: \$	*Other Costs: \$
Airfare: \$	Parking: \$	Total Requested: \$
**Lodging: \$	Taxi: \$	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_