

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

The out of state travel event listed below has a: _____ Total cost that exceeds \$5,000.00; and/or
 _____ five (5) or more individuals are attending 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. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Funding Breakdown:

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: _____
Signature *Date*

Board Approval: _____
Board Approval Date *Item No.*

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: _____

