

REQUEST FOR APPROVAL TO PARTICIPATE IN ACTIVITY BEING CONDUCTED OUTSIDE THE BOUNDARIES OF NORTHCENTRAL ARKANSAS EDUCATION SERVICE CENTER OR THE SCHOOL DISTRICTS YOU SERVE.

NAME OF EMPLOYEE REQUESTING: _____

NAME OF ACTIVITY: _____

PRESENTER: _____

DATE(S) AND LOCATION: _____

HOTEL: _____ CELL PHONE NUMBER: _____

TRAVEL TO DATE & TIME: _____

TRAVEL FROM DATE & TIME: _____

RATIONAL FOR ATTENDING: (A brief narrative indicating the justification for attending the activity including the expected benefits for you as an employee of NAESC and to the member schools.)

DESE/ADE requires the GT Specialist to attend AGATE as part of our grant.

PARTICIPATION COST

Estimation of cost to NAESC including registration, lodging, meals, etc., and the account from which to be paid.

| | Brief Explanation |
|-----------------------|-------------------|
| Registration Fee: | _____ |
| Lodging Fee: | _____ |
| Mileage: | _____ |
| Miscellaneous: | _____ |
| Meals: | _____ |
| Total Estimated Cost: | _____ 0 |

MAXIMUM MEAL ALLOWANCE \$55.00/day
 Travel Days: 75% of \$55.00 = \$41.25

SIGNATURES & APPROVAL

| | | | |
|--------------------------------------|---------------|-------------------|----------------------|
| _____ Traveler/Employee Signature | _____ Date | | |
| _____ Supervisor's Signature | _____ Date | _____ Approved | _____ Disapproved |

NOTE: AN APPROVED COPY OF THIS FORM MUST BE ATTACHED TO TR1 FORM BEFORE ANY REIMBURSEMENT FOR TRAVEL WILL BE MADE.