

# Travel Absence Request Form

Name: \_\_\_\_\_ School: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

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

How does this request relate to your district or school improvement plan?

Registration Fee: \_\_\_\_\_

Travel Costs: \_\_\_\_\_

Lodging Costs: \_\_\_\_\_

Meals (Per Diem): \_\_\_\_\_

Substitute Costs: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Sub Rates = Full Day \$86.12

Half Day \$43.06

Per Diem Calculator:

<http://perdiemcalc.net/gsa-np/>

## How are Expenses to Be Paid? (Check one box)

- Title I (Barnes)
- Title II (Barnes)
- Title III (Duncan)
- Title IV (Barnes)
- General PD (Barnes)
- CTE (Whittenbarger)
- Local School
  - School Account: \_\_\_\_\_
- Other: \_\_\_\_\_

\*\*By signing below I understand that all reimbursement requests for expenses incurred during this approved travel event must be submitted within five days of my return to work. I also verify that the approval date below must be on or before date(s) of travel\*\*

Signature of Submitter: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Signature of Person Responsible for Payment: \_\_\_\_\_

\*\*All Travel Absence Request forms must be approved through the Office of Professional Development, please scan and e-mail signed forms to [jbarnes@clevelandschools.org](mailto:jbarnes@clevelandschools.org)\*\*

### For Office Use Only:

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

Approved By: \_\_\_\_\_

Account Charged To: \_\_\_\_\_