

GRANT COUNTY SCHOOL DISTRICT
TRAVEL AUTHORIZATION REQUEST

(This form **must** be submitted to the Principal's/Superintendent's office for approval **5 days** in advance of any out-of-district travel, even if no funds are to be expended.)

NAME: _____ **DATE:** _____ **GRADE/DEPT.:** _____

Group sponsoring professional meeting: _____

Are you a member of this organization now? **YES** _____ **NO** _____

Type of meeting or purpose of travel: (convention, workshop, orientation, observation, etc.)

DATES (Including travel dates): _____

LOCATION: _____

APPROVAL: Principal/Superintendent _____ **DATE:** _____