

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	This form must be completed and received in Accounts Payable at least _____ prior to the proposed trip- _____ if out-of-state.
		REQ # <input style="width: 100%;" type="text"/>

School/Department Date

Date(s) of Event Location

Event Title (attach brochure)

Purpose*

*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan?

How will this activity/event be used and shared?

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (No. of Days Required	Budget Code <small>(for substitute)</small>

Additional Attendees Attached

Principal/Department Head Signature & Print Name	Date
Cabinet Level or Designee Signature	Date
Chief Business Officer Signature	Date
Superintendent or Designee Signature	Date

District cost for all attendees (estimate)

Registration Fee ***

Meals included?

B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL

Categorical Budget Code(s): _____ \$ _____

General Fund/Unrestricted _____ \$ _____

***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____

All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

	Requisition #	Dollar Amount
Registration Fee	_____	_____
Hotel	_____	_____
Airfare ****	_____	_____
Car Rental ****	_____	_____