

# WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT

## REQUEST TO ATTEND MEETING

Employee: \_\_\_\_\_ Last Four Digits SS#: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Explanation of Trip: \_\_\_\_\_  
\_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Total Days: \_\_\_\_\_

**Approved:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

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Funds Requested: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Fund Source: \_\_\_\_\_

**Approved:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Transportation: \_\_\_\_\_ Personal Car  
\_\_\_\_\_ Travel With \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

**Approved:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Estimated cost of Total Trip: \$ \_\_\_\_\_

**Approved:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Application due in Central Office 5 days prior to meeting

\*\* Travel voucher must be completed if funds are requested

