

Denison Independent School District Out-of-District Travel Request

Name of employee:

Title of Workshop/Seminar/Conference:

(Include location, dates)

Why employee needs to attend:

(Directly applies to job assignment, campus/district mission etc.)

Are funds budgeted for this workshop/seminar/conference? Yes No

*Permission is given to exceed hotel lodging rates if applicable for this out-of-district travel.

Approve/Not Approved

(Circle choice)

(Signature of Principal)

Date

Approved/Not Approved

(Circle choice)

(Signature of Assistant Superintendent for Administration) Date