



Central Arizona Valley  
Institute of Technology

## OUT-OF DISTRICT TRAVEL REQUEST FORM

All Out-of-District Travel Must Have Prior Approval

NAME: \_\_\_\_\_

REQUEST FOR TRAVEL TO: \_\_\_\_\_  
(ACTIVITY)

\_\_\_\_\_  
(LOCATION)

### IF ATTENDING IN-SERVICE, ATTACH INFORMATION

DEPARTURE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

#### ESTIMATED EXPENSES

REGISTRATION FEES: \_\_\_\_\_

MILEAGE/AIRLINE: \_\_\_\_\_

PER DIEM: \_\_\_\_\_

LODGING: \_\_\_\_\_

MISC. EXPENSES: \_\_\_\_\_

TOTAL ESTIMATED EXPENSES: \_\_\_\_\_

DISTRICT VEHICLE: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
(TRAVELER'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SUPERINTENDENT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

**BOARD APPROVAL REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_**  
(OUT OF STATE ONLY)

\_\_\_\_\_  
(BOARD SIGNATURE)

\_\_\_\_\_  
(DATE)