

# STAUNTON COMMUNITY UNIT SCHOOL DISTRICT NO. 6

801 N. Deneen St.  
Staunton, Illinois 62088

## TRAVEL AUTHORIZATION

### I. Trip Information:

Reason for Trip:		
Teacher's Name:		
No. Of Work Days Missed:	Destination (City & State):	
Bus Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Departure Date & Time:	Return Date & Time:

Registration fee:     I have prepaid     Request to send     No fee required

If fee is to be sent in, please give the following:

Mail Registration to:  
Address  
City & State  
Amount of check  
Registration due date

_____
_____
_____ Zip _____
_____
_____

### II.

Explanation of Educational and/or Professional Development of Trip:
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### III. Estimated Expenses

Driving own vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated number of miles _____ @ 37.5¢ per mile
Estimated Room/Hotel	
Estimated Meals	
Other (Please list)	

### IV. APPROVAL:

Absence with pay <input type="checkbox"/> Without pay <input type="checkbox"/>	Absence with pay <input type="checkbox"/> Without pay <input type="checkbox"/>
NOT APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
Principal's Signature	Superintendent's Signature

*This form must be submitted to the building principal for approval. It will then be submitted to the superintendent for final approval. If using a school bus as transportation, please list all students transported on the reverse side of this form or attach a class list of all students being transported. In order to receive reimbursement, an expense reimbursement form with all receipts attached must be submitted to the superintendent's office.*