TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend:	Purpose for Attending:		Instructions: This form must be completed and received in Accounts
Conference/Workshop	Professional Development		Payable at least 30 days prior to the proposed trip- 60 days if out-of-state.
☐ Business Meeting	Continued Education Credits Earned		REQ#
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 a Name of Attendee(s) (attach sheet for additional a	Position		No. of Days Budget Code
((Y/N)* *	Required (for substitute)
**IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770 Additional Attendees Attached District cost for all attendees (estimate)			
'			Registration Fee ***
Principal/Department Head Signature & Print Name		Date	Meals included? D
Cabinet Level or Designee Signature		 Date	Lodging
			Transportation
Chief Business Officer Signature		Date	Meals
Superintendent or Designee Signature		Date	Other
☐ Categorical	Budget Code(s):	L	\$
General Fund/Unrestricted			\$
***If any meals are included in the cost of registration, how many of each: Breakfast Lunch Dinner			
Prepayment Requested: 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 ****			
**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830 ACC-E014			