



## Overnight Travel Request

### CONFERENCE INFORMATION

*(Request will not be considered without attached documentation to support need)*

Conference Name:	Purpose of Conference/Workshop:
Conference Date(s):	
Conference Location:	
Lodging Information:	

### SCSD GOALS - *Please check and indicate which district goal this travel request pertains to:*

	<i>Raise student performance and achievement.</i>
	<i>Quality teachers in each classroom.</i>
	<i>Implementation of Common Core and provide a more rigorous curriculum to ensure students will be college or career ready upon graduation.</i>
	<i>Upgrade facilities to provide 21<sup>st</sup> Century classrooms.</i>
	<i>Provide necessary technology to meet needs of students with school work and assessments.</i>

### STAFF MEMBERS REQUESTING TRAVEL - Complete justification as needed:

	<i>Rationale if <b>more than two</b> staff members are requesting to attend:</i>

### ESTIMATED COSTS:

### REQUEST DETAILS:

Registration:		School or Department:
Transportation:		Account Coding:
Lodging:		
Meals:		Funding Approval:
Other:		Board Approval Date:
Total Costs:		

Principal/Supervisor Approval:	Superintendent's Approval:
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