



# Garfield County School District

# Travel Request Approval Form



**Note: Approval:** All travel over 200 miles ONE WAY in any sport or athletic events, field trips, academic competitions, or CTE travel must be approved by the local board of education. This form must be completed and pre-approved BEFORE the activity.

<b>Application Date:</b>		<b>Name of Team or Organization:</b>	
<b>Advisor/Coach:</b>	<b>Principal:</b>	<b>School:</b>	

**Note:** The Purchasing Department must be contacted to coordinate Student Overnight Travel if an individual travel category (i.e., lodging, transportation, registration) exceeds \$5,000.00).

<b>Please indicate the travel category or categories for which approval is requested:</b>			<b>Number of Chaperones (1:15):</b>
Athletic competition in excess of 200 miles one way      In-State one or more nights      Out-of-State			
<b>Event:</b>	<b>Inclusive Dates:</b>	to	<b>Number of School Days missed:</b>
<b>Number of Students:</b> Boys      Girls	<b>Destination:</b>		<b>Mode(s) of Transportation:</b>

<b>Bus Driver:</b>	<b>Total Bus Driving Hours:</b>	<b>Lay Over Hours:</b>
<b>Have parents signed consent forms:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, but they will prior to travel		<b>UHSAA Event:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If this is not a UHSAA Event, please explain:</b>		

<b>Travel Itinerary to and from basic destination:</b>		
Departure Place:	Date:	Time:
Return Place:	Date:	Time:
Lodging:      Yes      No      Hotel/Motel Name:		

<b>For Out of State Travel Only:</b> (Example: FCCLA National Competition)				
Departure Place:	Commercial Carrier:	Flight Number:	Date:	Time:
Arrival Place:	Commercial Carrier:	Flight Number:	Date:	Time:
Departure Place:	Commercial Carrier:	Flight Number:	Date:	Time:
Arrival Place:	Commercial Carrier:	Flight Number:	Date:	Time:
<b>Emergency Contact Phone Number (Advisor Cell):</b>			<b>Hotel/Motel Name:</b>	

<b>Names and cell phone numbers of Advisors and Chaperones:</b>			

<b>Total Cost for Student Travel</b>	
<b>Expenses:</b>	
Transportation .....	
Lodging .....	
Registration .....	
Other .....	
Total	_____
<i>(Cannot exceed \$1,000 per student)</i>	
<b>Contributions:</b>	
School .....	
Donations .....	
Fundraising .....	
Student .....	
Total	_____
<i>(Cannot exceed \$1,000 per student)</i>	

<b>Student Travel Application approval:</b>	
Teacher/Advisor/Coach/Activity Supervisor's Signature	Date
Principal's Signature	Date
CTE Coordinator's Signature (If Applicable)	Date
Budget Code	
<b>[ ] Approved [ ] Not approved</b>	
Superintendent's Signature	Date