



Administration

## Request to Travel Out of State

Date: \_\_\_\_\_

To: Superintendent's Office, ACPS District Office

Re: District approval needed for out of state travel requests

Employee's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

School/Center: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Location: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Funding: \_\_\_\_\_

\_\_\_\_\_  
Principal's approval:

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
District approval:

\_\_\_\_\_  
Date approved

Send completed form to the district office for approval

Email: [supt@gm.sbac.edu](mailto:supt@gm.sbac.edu)

FAX: 352-505-1682