



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

FAX: 352-505-1682