

Travel Dates: _____ Date Requested: _____	New Albany School District Federal Programs Department <b style="color: red;">Title Travel Requisition	Central Office Funding Source: _____ Approved by: Principal _____ Stubblefield _____
--------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

PARTICIPANT INFORMATION:

Name: _____ Email: _____
 School: _____ Position: _____

CONFERENCE/WORKSHOP INFORMATION:

Complete Name of Conference or Workshop: _____
(No Acronyms)
 Site of Conference or Workshop: _____
 Address of Site: _____
 Beginning Date _____ End Date _____
 Starting Time _____ Ending Time _____

PRIOR TO SUBMISSION – Staple the **completed conference/workshop registration form** to this request form and submit to L. Stubblefield.

UPON APPROVAL-The registration form and fee will be submitted for you unless online registration is required. You will receive an approved copy of this form back.

IMMEDIATELY FOLLOWING THE CONFERENCE/WORKSHOP –Forward to L. Stubblefield your approved copy of this form, the meeting agenda, and a completed travel form signed. If overnight stay was approved, attach lodging receipts to travel form.

Hotel Accommodations Needed: YES NO Cost Per Night

#1 Preferred Hotel: _____ \$ _____
 Address: _____
 Phone #: _____

#2 Preferred Hotel: _____ \$ _____
 Address: _____
 Phone #: _____

Name of Other Persons sharing Hotel Room: _____

1) Explain how the focus of this workshop/conference is aligned with your teaching or leadership assignment.

2) Explain your plan for sharing information gathered at this conference with your colleagues and provide a proposed date. Follow--up documentation should be submitted to your administrator within 6 weeks of returning from the workshop/conference. A copy of the documentation should be forwarded to L. Stubblefield.

Please Read and Verify your agreement with your initials.

_____ I understand I will be responsible for any non--refundable travel expenditures paid by NASD Federal Programs if I do not attend or if I cancel any part of my reservations. Cases of family or medical emergencies are excused with proper documentation.

_____ If I cannot attend, I understand it is my responsibility to contact the principal and L. Stubblefield as soon as possible PRIOR to the conference.

_____ This activity is not required by federal, state, or local laws.

_____ Participation in this activity was not previously funded by non--federal monies.

Signature of Teacher : _____

Signature of Principal:

Date: _____

Signature of Federal Programs Director _____

Date _____