

**BENAVIDES INDEPENDENT SCHOOL DISTRICT  
PERMISSION TO TRAVEL FORM**

**\*NOTE-This form must have all required signatures or it will be returned unprocessed. All curriculum related travel must be approved by the Director of Curriculum and Instruction.**

EMPLOYEE(S): \_\_\_\_\_

DATE(S) OF CONFERENCE/MEETING/WORKSHOP: \_\_\_\_\_

TITLE OF CONFERENCE/MEETING/WORKSHOP: \_\_\_\_\_

LOCATION/CITY: \_\_\_\_\_

DAY TRIP/OVERNIGHT TRIP: \_\_\_\_\_

WILL A SUBSTITUTE BE REQUIRED? \_\_\_\_\_

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**PLEASE PROVIDE THE FOLLOWING INFORMATION AND ATTACH A COMPLETED REGISTRATION FORM**

CHECK/CREDIT CARD: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAYABLE TO:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ST./ZIP \_\_\_\_\_

DUE DATE: \_\_\_\_\_

MAIL/HAND DELIVER: \_\_\_\_\_

HOTEL CERTIFICATE: \_\_\_\_\_

**NOTE---EMPLOYEE IS RESPONSIBLE FOR MAKING ALL ARRANGEMENTS**

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\_\_\_\_\_  
EMPLOYEE DATE

\_\_\_\_\_  
PRINCIPAL/CURRICULUM DATE

\_\_\_\_\_  
BUSINESS OFFICE DATE

\_\_\_\_\_  
SUPERINTENDENT DATE