

FORREST CITY SCHOOL DISTRICT

STAFF TRAVEL AUTHORIZATION REQUEST

This STAR form must be completed & approved before traveling outside of the District & before any reimbursements can be paid

*Name _____

*Purpose of travel _____
(Attach 1 page of Workshop, Conference, Meeting, etc. information to this form)

*Destination _____ Date(s) _____

*Mode of travel (air, car, school vehicle, rider) _____

*Number of substitutes required _____

*Source of funds for substitutes _____
(Example: Prof. Dev., NSLA, School, Band, Choir, Title 1, Sp. Svcs., Carl Perkins, Nursing, etc)

*Estimated cost of: *Registration _____,
*Fees _____,
(.42 per mile) *Travel _____,
*Meals _____,
*Lodging _____,
*Other expenses _____

*Estimated total of reimbursement &/or prepayment requested---Totals\$ _____
NOTICE: IF APPROVED. AND REGISTRATION, FEES, &/OR LODGING NEEDS TO BE PAID, SEND A REQUISITION WITH NECESSARY PAPERWORK TO PROCESS A PAYMENT.

*Source of funds for above costs _____
(Example: Prof. Dev., NSLA, School, Band, Choir, Title 1, Sp. Svcs., Carl Perkins, Nursing, etc)

*Signature of Requester _____ Date _____

*Signature of Principal/Budget Overseer Supervising above source of funds _____ Date _____

*MUST BE COMPLETED (This form will be returned if not completed)

Administration Office Use Only

Signature of Title 1 Supervisor or Signature of Special Service Supervisor _____ Date _____

Approved By:

Special conditions or directions

Superintendent _____ Date _____

Superintendent Designee _____ Date _____

Copy of Approval/Denial STAR Form Returned by:

Fax _____ School Mailbox _____ Picked Up _____ Emailed _____