

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
BOARD OF EDUCATION**

Agenda Item 10.1k

Meeting Date: June 1

Sacramento City Unified School District
**OUT-OF-STATE OR OUT-OF-COUNTRY
TRAVEL REQUEST**

School **California Middle School** February 1, 2017

Teacher's Name / Title / Address _____ Date # 01 / 01 Telephone # 916 305 5304

Reason for travel **Shakespeare Outdoor Plays** 5/15/17
Date

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of

TRAVEL REQUEST FORM (ACC-F014)

Sacramento Unified School District

Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state.

Request to Attend:

Purpose for Attending:

Conference/Workshop

Professional Development

Business Meeting

Continued Education Credits Earned

REQ

School/Department

Middle
stud

Date

14, 2017

Date(s) of Event

7, 8, 9, 2017

Location

Oregon

Event Title (attach brochure)

Shakespeare Festival / Workshop

and

3

Purpose*

give

How does this travel align with the District's strategic

