**OUT-OF-STATE TRAVEL REPORT**

***(must be completed within 60 days of travel)***

**School/Department**_____

**Travel Approver**_____

**Traveler Name**_____

**Event**_____

**Event Location**_____ **Event Dates**_____

**Final Total Travel Expenses**_____

**Funding Source**_____

**Board Approval Date**_____

**Please provide a brief overview of information learned at event and your plan to implement in the district.**

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