

SPECIAL TRIP AUTHORIZATION

NEW BUFFALO AREA SCHOOLS

This is a request for _____
to take a trip to _____
on this date(s) _____
Request by _____ Date _____

Note: Please send two copies, signed by your Principal to the Superintendent's office at least five (5) days prior to starting trip.

Estimated Expenses Involved:

Travel by _____	\$ _____
Meals _____	_____
Lodging _____	_____
Regular Wages _____	_____
Other Expenses _____	_____
_____	_____
Total	\$ _____

Approved by _____ Date _____
(Principal)

Approved by _____ Date _____
(Superintendent)