# PRAIRIE VIEW SPECIAL SERVICES COOPERATIVE

## STAFF TRAVEL REQUEST

Please complete the information below and submit to the Prairie View Office as early as possible. Travel requests will be submitted to the Prairie View Governing Board for consideration.

Name_____ Position_____

Title of In-Service_____

Location_____

Date & Time of Departure_____ Date & Time of Return_____

Estimated Travel Expenses:

| | |
|---|---|
| Transportation | _____ |
| Lodging | _____ |
| Meals | _____ |
| Registration | _____ |
| Other | _____ |
| **TOTAL** | _____ |

How will this conference benefit your program?_____

_____

_____

_____

Please explain your plan to disseminate information obtained from this workshop to others in the Prairie View Coop._____

_____

_____

_____

Signature_____ Date_____

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Approved_____ Disapproved_____ Signature_____ Date_____