



Request of Approval for Trip Cancellation

Name of Traveler _____

Campus/Department: _____

Conference/Event: _____

Conference Dates: _____

Location of Event: _____

Name of Individual Replacing the Traveler (if any): _____
(An Employee Travel Request Packet must be attached)

Reason for Cancellation

I have read the district's travel policy. I agree to adhere to these policies and understand that disregard of these policies will result in administrative and possible reimbursement to the district. **I understand that I am held responsible for any funds that cannot be recouped, unless the cancellation is due to emergency circumstances.** Emergency situations include, but are not limited to: hospitalization or death in the immediate family or illness of the employee. The Superintendent of Schools approves other emergency situations on a case-by-case situation.

Traveler's Signature

Date

Approved By:

Budget Authority's Signature

Date

Superintendent's Signature

Date