

**REQUEST FOR TRAVEL/ 5 OR MORE PARTICIPANTS
OR GREATER THAN \$5,000 APPROVAL**

Directions: Complete a form for each individual in the district requesting to attend the event. Incomplete forms and those without the required documentation and signatures will be returned unsigned district. All travel must have prior board approval. For information related to lodging and per diem rates, refer to <http://www.gsa.gov>, and for eligible subsistence/reimbursement, refer to N.J.S.A. 18A: 11-12; N.J.A.C. 6A:23A-5.8; 5.9 and New Jersey OMB **Circulars:** 06-14-OMB and 08-19-OMB.

District Name:
Township of Union Board of Education

Request Submission Date:
September __, 2017

Name of Event:
NJSBA Workshop 2017

Event Location:
Atlantic City, New Jersey

District Contact Name:
Gregory E. Brennan, School Business Administrator/Board Secretary
Phone: 908-851-6411 Fax: 908-964-1462

JUSTIFICATION OF NEED

Superintendent Signature: _____

Date: September __, 2017

District Board of Education approval date:
September __, 2017

