



Out of State Travel  
Request Form

Name of Traveler(s): \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_

Location of Travel: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

How does this travel connect with the GFSD Strategic Plan?

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How will this travel benefit the Granite Falls School District?

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*Please return this form via district mail to Linda Hall @ DO.*

**Requests will be presented to Granite Falls School District Board of Directors for approval.  
In order to expedite your request, please this form one week before the next Board Meeting.**

\_\_\_\_\_  
**Board President**

\_\_\_\_\_  
**Superintendent**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Director**