

Out of State Travel Request Form

| Name of Traveler(s): | |
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| Date(s) of Travel: | |
| Location of Travel: | |
| Reason for Travel: | |
| How does this travel connect wi | th the GFSD Strategic Plan? |
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| How will this travel benefit the | Granite Falls School District? |
| now will this travel benefit the | Granice I and School District. |
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| Please return this | from via district mail to Josh Middleton @ DO. |
| | e Granite Falls School District Board of Directors for approval. please submit this form one week before the next Board Meeting. |
| Board President | Superintendent |
| Director | Director |
| Director | Director |