## Nantucket Public Schools Travel Request Form

(Attach this form if your Professional Development Activity is off-Island)

Name:		Scl	School:			Position:			
Title/Type of Activity*				Date(s):			Location		
Preferred Method of Travel									
		Date	Т	Time of Departure		Date		Time of Return	
Hy-Line (\$63.80 RT)									
Steamship (approx. \$38.00 RT)									
				D 110					
Rental Car									
		Date T		Γime of Departure		Date		Time of Return	
Thrifty (approx. \$60/day)									
Hotel*									
					#		#	Total	
		Hotel Name		Phone #	Roor	ms	Nights	Hotel Estimate	
Hotel needed? Y/N									
*You are responsible for	r mak	ing hotel arran	gement	s and to submit an <b>E</b>	Expens	e Re	port no	later than 30 days after	
travel.									
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•	es mu	st be estimated re	egardles	ss of payment method	l. (1.e. F	urch	iase Orde	er, travel reimbursement,	
etc.)	moun	t for each catago	#W 00 0#	nlicable					
<ul> <li>Enter estimated amount for each category, as applicable.</li> <li>"Other" includes any remaining costs not listed about, i.e. gasoline, tolls, parking fees, turnpike charges, telephone</li> </ul>									
	_	_		about, i.e. gasonne, t orized fees/charges a			_		

Total Estimated Cost of Trip					
Registration					
Air/Boat Fare					
Auto Rental					
Lodging					
Supplies					
Other					
**TOTAL:					

<sup>\*\*</sup>Carry Estimated Total to Professional Development Approval Form