



IRVINGTON BOARD OF EDUCATION

1 University Place, 4th Floor

Irvington, NJ 07111

**BUSINESS OFFICE
REQUEST FOR TRAVEL WAIVER**

LOCATION: _____ **DATE:** _____

REASON FOR TRAVEL (Please be detailed):

(Please attach supporting documentation)

WHO WILL BE TRAVELING?

<i>(Please attach additional sheets, if necessary)</i>	<u>NAME</u>	<u>TITLE</u>
1.		
2.		
3.		
4.		
5.		

(Please attach additional sheets, if necessary)

Number of Students Traveling (if applicable): _____

TRAVEL DATES:

From: _____ through _____

Signature: _____

Note: In-state student athletic events requiring an overnight stay do not need a travel waiver. However, board approval and compliance with the US General Services Administration (GSA) are required.