

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

DATE: _____

TO: Peter A Wold, Ed.D.
c/o: Associate Superintendent Business Services
Travel Desk, Purchasing Department

FROM: _____

SUBJECT: Request to waive travel policy

RE: Requisition Number(s): _____

As principal/department head, I request to waive the following section of WCCUSD travel policy:

- Section 8.b*** Travel budget maximums
- Section 8.c.1*** Number of Participants (more than two per site)
- Section 3.a.3*** Lodging maximums (more than \$185, plus tax, per night)
- Section 3.a.2*** Lodging less than 50 miles from district borders

JUSTIFICATION:

Principal/Department Head Date

Associate Superintendent Date