

**Travel Request Form**

Name \_\_\_\_\_  Board Member  Employee  Other, as specified \_\_\_\_\_

School/Work Site \_\_\_\_\_ Conference/Workshop \_\_\_\_\_

Date(s) \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Rationale for Attendance: \_\_\_\_\_

Are other District employees attending the same out-of-district meeting?  Yes  No If yes, lists the names and positions of those employees. (Attach a separate sheet if necessary.)

Name: \_\_\_\_\_ Position \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Expenses paid by:  Individual  Board  Special Education  KEA  Co-Op

School Council  Other, as specified \_\_\_\_\_

Substitute Needed?  No  Yes Number of Days \_\_\_\_\_

Registration Reimbursement Requested  No  Yes Amount: \_\_\_\_\_

Car Rental  Yes  No

*Car rental must be approved by the Superintendent or by the council in SBDM school. Charges must be substantiated by receipt.*

**Estimated Mileage for Privately Owned Vehicle**

Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

*Mileage will be reimbursed at the state rate. Reimbursement for out-of-state travel by privately owned vehicles shall be made on the basis of airplane coach fare or mileage rate, whichever is the lesser amount.*

Lodging Reimbursement Requested:  No  Yes

Amount per night \_\_\_\_\_  Regular Rate  Business Rate  Conference Rate

Meals Reimbursement Requested:  No  Yes

*The amount claimed for a meal shall not include any charges for alcoholic beverages.*

*The District will not reimburse employees for gratuities exceeding 15% of the meal charge.*

*The District will not reimburse for food and lodging expenses for guests/traveling companions.*

**Receipts are required for all expenditures in excess of \$5.00. Receipts for expenses must come from the place of business making the charge.**

After conference/Workshop, turn in expenses for registration, lodging, meals, and other related charges on 03.125 AP.22 and attach receipts, as appropriate.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Superintendent/Designee*

\_\_\_\_\_  
*Date*

Review/Revised:9/13/10