

**Travel Request Form**

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

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

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

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

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: \_\_\_\_\_

Estimated Mileage Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

*Mileage will be reimbursed at 40¢ per mile.*

Lodging Reimbursement Requested  No  Yes

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

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

Meals Per Diem Requested:  No  Yes. Total Daily Meal Per Diem = \$35.00\*

<b>*Meal Per Diem plus 15% tip</b>	
Breakfast	\$ 7.50
Lunch	\$10.00
Dinner	\$17.50

After attending the conference/workshop, turn in expenses for registration, lodging, meals, and other related charges on a Travel Voucher Form (03.125 AP.22) and attach receipts, as appropriate.

\_\_\_\_\_  
*Applicant's Signature*

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

\_\_\_\_\_  
*Superintendent/designee's Signature*

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

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:8/21/14