

Travel Request Form

Name _____ Board Member Employee Other, as specified _____

School/Work Site _____ Conference Attending _____

Location of Conference/Workshop (City) _____

Date(s) _____ Departure Time _____ Return Time _____

Rationale for Attendance: _____

A. Expenses paid by: Individual Board SP.ED. Food Service School Council

PD Grant, if so name _____ Other, as specified _____

B. Substitute Needed? No Yes Number of Days _____ Cost of Sub. \$ _____

C. Registration Reimbursement Requested No Yes Amount: _____

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

Total Miles: _____ x \$.40/mile Total Cost \$ _____

E. Lodging Reimbursement Requested No Yes Amount per night \$ _____

Total for Lodging _____ Regular Rate Business Rate Conference Rate

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

F. Meals Reimbursement Requested: No Yes **Total Daily Meal Expense Limit: \$40.25 (including tips)**

(If you leave school/home between 6:00 a.m. and 8:00 a.m. you will be able to claim breakfast; if you leave school between 11:00 a.m. and 1:00 p.m. you will be able to claim lunch; and if you leave school/home any time after 4:00 p.m. you will be able to claim dinner. NO RECEIPTS ARE NECESSARY FOR MEAL REIMBURSEMENT. THE RATES ARE \$5.75 FOR BREAKFAST, \$11.50 FOR LUNCH, AND \$23.00 FOR DINNER.) ONLY OVERNIGHT TRIPS ARE ELIGIBLE FOR REIMBURSEABLE MEALS.

Total for meals \$ _____

G. Add lines C, D, E, and F for the Grand Total of Reimbursement \$ _____

After 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. All requests for reimbursement must be accompanied by this form (pink sheet). Reimbursement must be requested within 60 days of the expense.

Signature of Applicant

Date

Signature of Principal

Date

EXPENSE CODE: _____

RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)