

**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    ☐ YesAmount per night \_\_\_\_\_ ☐ Regular Rate ☐ Business Rate ☐ Conference Rate*The District will not reimburse for lodging expenses for guests/traveling companions.*Meals Reimbursement Requested:    ☐ No    ☐ Yes

Per diem rates: Breakfast \$9; Lunch \$14; Dinner \$23

*Overnight stay is required for meal reimbursement.*Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 20% of the meal charge. Receipts required for *all* expenditures except for meals which are paid on a per diem basis.**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, within one (1) week of travel.**\_\_\_\_\_  
*Applicant's Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Superintendent/Designee's Signature*\_\_\_\_\_  
*Date*

Review/Revised:8/26/13