

Travel Request FormNAME Chuck Adams☐ Board Member☒ Employee☐ Other, as specified _____School/Work Site 6/20/2014 Conference/Workshop OVEC Summer Institute
Date(s) 6/18/2014 - 6/20/2014 Departure Time 9:00 AM Return Time 5:00 KASS Summer Conf.


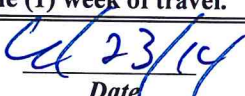
Rationale for Attendance: _____

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: 240 Total Cost \$ N/A*Mileage will be reimbursed at 40¢ per mile.*Lodging Reimbursement Requested ☐ No ☒ YesAmount per night 240.00 ☐ 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