Travel Request Form

NameJim Palm 🗆	Board Member	☐ Employee	☐ Other, as	s specified	
School/Work Sit Meeting		l Conference/W	Vorkshop	_XSuperinte	endent KLA
Date(s)9/19//13_	D	eparture Time	_8:00 am1	Return Time _	6:00 pm
Rationale for Report		State	Training	for	Superintendents
• •	☐ Individual [□X Board □ Special :			
Substitute Needed?	□X No	☐ Yes Number	of Days	La	
Registration Reimb	ursement Request	ed 🗆 X No 🗀 Yes	Amoun	t:	
Estimated Mileage		165 Total Coreimbursed at the rate ap		Board.	
Lodging Reimburse	ment Requested	□X No Yes			
Amount per night		_ Regular Rate	☐ Business F	late XConfe	erence Rate
The District	will not reimburs	e for lodging expenses	for guests/tra	veling compa	anions.
Meals Reimburseme	ent Requested:	☐ XNo☐ Yes	Total Daily M	eal Expense I	
	do not include gr % of the meal char	atuities. The District vge.	vill not reim	burse employ	ees for gratuities
Receipts required fo	or all expenditures	•			
After Conference/W	orkshop, turn in exp a Standard I	penses for Registration, penses for Registrati	Lodging, Meats, as appropri	lls, and other r	elated charges on
1903/4/10 to Province and American Amer	Signature of Ap	plicant	AN AND THE PROPERTY OF THE PRO	$D\epsilon$	ate
		265		<u></u>	CH
	Signature of Supe	rintendent/Designee		Do	ate `

RELATED PROCEDURE:

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13

PERSONNEL 03.125 AP.21

Travel Request Form

NameJim Palm 🗆 Board Member 💢 Employee 🚨 Other, as specified _Sup	ıt
School/Work SiteSchoolConference/WorkshopSuperintendent Summit	
Date(s)9/5//13 Departure Time8:00 am Return Time6	:00 pm
Rationale for Attendance:State Training for S Report	Superintendents
Expenses paid by: Individual IX Board I Special Education I KEA I School Council I Other, as specified	
Substitute Needed?	
Registration Reimbursement Requested	
Estimated Mileage Total Miles:167 Total Cost \$ 73.48 Mileage will be reimbursed at the rate approved by the Board.	
Lodging Reimbursement Requested No XYes	
Amount per night\$130	usiness Rate
XConference Rate	
The District will not reimburse for lodging expenses for guests/traveling compar	ions.
Meals Reimbursement Requested:	mit \$
Meal limits do not include gratuities. The District will not reimburse employed exceeding 15% of the meal charge.	es for gratuities
Receipts required for all expenditures.	
After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other real a Standard Invoice and attach receipts, as appropriate.	lated charges on
18/8	13
Signature of Applicant Date	te
Signature of Superintendent/Designee Date	te
RELATED PROCEDURE:	
04.31 AP.2 (District procurement cards)	

Review/Revised:7/11/13

PERSONNEL 03.125 AP.21

Travel Request Form

NameJim Palm 🗆	Board Member	ПE	mployee 🛛 O	ther, as specified	Supt	
School/Work Site	_School Conferen	ice/Worksho	p_LEAD Wo	ork shop		
Date(s)8/23/13	Depa	rture Time _	8:00	am Return Tin	ne6:00 pm	
Rationale for Report			Update	training	for	LEAD
Expenses paid by: School Council	Individual □>					and another
Substitute Needed?	□X No	☐ Yes	Number of Da	ıys		
Registration Reimbu	rsement Requested	□ X No	☐ Yes	Amount:		
Estimated Mileage	Total Miles: Mileage will be rein					
Lodging Reimbursen	nent Requested	□X No	☐ Yes			
Amount per night		Regular	Rate	siness Rate	Conference F	late
The District	will not reimburse f	or lodging e	xpenses for gu	ests/traveling co	mpanions.	
Meals Reimburseme Meal limits of exceeding 159	nt Requested: do not include grate of the meal charge.	uities. The	S Total I	Daily Meal Expension reimburse em	nse Limit \$ ployees for p	gratuities
Receipts required fo						
After Conference/Wo	orkshop, turn in exper a Standard Inv	nses for Reg oice and atta	istration, Lodgi ch receipts, as	ng, Meals, and of appropriate.	ther related ch	arges on
		32		81	8/13	
	Signature of Appli	icant			Date	
Signature of Superintendent/Designee					Date	
RELATED PROCEDU	ure:					

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13