

Travel Request Form

Name Jim Palm ☐ Board Member ☐ Employee ☐ Other, as specified _____
 School/Work Site _____ School _____ Conference/Workshop X Superintendent KASS
 Confer, Meeting _____
 Date(s) 12/8/13, 12/9/13, 12/10/13 Departure Time 8:00 am Return Time 6:00 pm
 Rationale for Attendance: _____ State Training for Superintendents Report _____

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 ☐ X No ☐ Yes Amount: _____

Estimated Mileage Total Miles: 207 Total Cost \$ \$91.08
 Mileage will be reimbursed at the rate approved by the Board.

Lodging Reimbursement Requested ☐ No ☒ Yes

Amount per night \$130 ☐ Regular Rate ☒ Business Rate
☒ Conference Rate

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

Meals Reimbursement Requested: ☐ X No ☐ Yes Total Daily Meal Expense Limit \$
NA

Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 15% of the meal charge.

Receipts required for all expenditures.

After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on a Standard Invoice and attach receipts, as appropriate.


 Signature of Applicant

11/5/13
 Date

 Signature of Superintendent/Designee

 Date

RELATED PROCEDURE:

04.31 AP.2 (District procurement cards)

Review/Revised: 7/11/13