# PERSONNEL 03.125 AP.21

Travel Request Form

Name \_\_\_Jim Palm 🞏 Board Member X🞏 Employee 🞏 Other, as specified \_\_\_\_\_

**School/Work Site** \_\_\_\_\_School\_\_\_ **Conference/Workshop \_KASS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date(s) \_12/7/2014-12/9/2014 \_\_ Departure Time \_\_7am\_\_ Return Time \_\_6:00 pm**

**Rationale for Attendance: Superintendent Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses paid by:** 🞏 **Individual** 🞏X **Board** 🞏 **Special Education** 🞏 **KEA** 🞏 **Co-Op**

🞏 **School Council** 🞏 **Other, as specified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Substitute Needed?** 🞏X 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 XYes

Amount per night $119 🞏 Regular Rate 🞏 Business Rate Conference Rate

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

**Meals Reimbursement Requested**: 🞏 XNo🞏 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 Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Superintendent/Designee Date*

Related Procedure:

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13