

**Travel Request Form**Name Jim Palm ☐ Board Member ☐ Employee ☐ Other, as specified \_\_\_\_\_School/Work Site \_\_\_\_\_ School \_\_\_\_\_ Conference/Workshop Energy ManagementDate(s) 2/19/2015 Departure Time 8:00 am Return Time 6:00 pm

Rationale for Attendance: \_\_\_\_\_ State Training for Energy Management Training \_\_\_\_\_

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: 167 Total Cost \$73.48

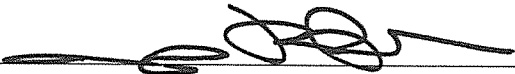
Mileage will be reimbursed at the rate approved by the Board.

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 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*2/12/15  
\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of Superintendent/Designee*\_\_\_\_\_  
*Date***RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised: 7/11/13