

Travel Request FormName Jim Palm ☐ Board Member ☐ Employee ☐ Other, as specified _____School/Work Site _____ School _____ Conference/Workshop KASA Finance TrainingDate(s) 3/19/2015 3/20/15 Departure Time _____ 8:00 am Return Time 6:00
pm _____Rationale _____ for _____ Attendance: _____ Finance
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: 165 Total Cost \$72.60

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

Lodging Reimbursement Requested ☐ No ☒ YesAmount per night \$90 ☐ 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