

Travel Request FormName Jim Palm ☐ Board Member ☒ Employee ☐ Other, as specified _____School/Work Site School KSBA Annual ConferenceDate(s) 2/27/2015-2/28/2015 Departure Time 8:00 am__ Return Time 6:00 pm_____Rationale for Attendance: Attend annual school board 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: 207 Total Cost \$91.08
Mileage will be reimbursed at the rate approved by the Board.Lodging Reimbursement Requested ☐ No ☒ YesAmount per night _____ District rate/ PO ☐ 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*_____
*Date*_____
*Signature of Superintendent/Designee*_____
*Date***RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised: 7/11/13