PERSONNEL   03.125 AP.21

School Professional Leave/Travel Request Form

EMPLOYEE'S NAME _____ **SCHOOL/WORK SITE** _____

DATE(S) OF LEAVE/TIME OF DEPARTURE	TIME OF DEPARTURE	LOCATION DESTINATION	PURPOSE	# OF STUDENTS INVOLVED

How will you share information gained with colleagues?/rationale for attending? _____

ESTIMATED EXPENSES   **TOTAL AMOUNT**

Substitute Needed (please remember to enter your absence in Aesop, even if a substitute is not required): ☐ Yes ☐ No # of days _____ (Avg. $70 100@ a day) _____ Substitute code: _____

Registration: ☐ Yes ☐ No Registration cost: _____ Registration code: _____

Mileage: ☐ Yes ☐ No Number of Miles: _____ Number of Days: _____
   Total Mileage: _____ x (current state rate) x # Days: _____ Total Mileage = _____

Parking/Tolls: ☐ Yes ☐ No Total Parking/Tolls = _____
   (No toll charges for District vehicles being operated in state in an official capacity.)

Lodging: ☐ Yes ☐ No Amount Cost per night _____ Number of Days: _____
x # Days: _____ Total Lodging = _____
   Is this Lodging Rate: ☐ Regular Rate ☐ Business Rate ☐ Conference Rate

Meals:* ☐ Yes ☐ No Estimated Total meal cost: _____
_____ Meals/Mileage/Parking/Lodging Code: _____
   Date: _____ Brkfst: $_____ Lunch: $_____ Dinner: $_____
                                              TOTAL MEALS = $_____

GRAND TOTAL (ALL OF EXPENSES) =

*An overnight stay is required for reimbursement of breakfast or lunch. Meals reimbursed at rate of $7/$8/$15 or $8/$9/$19 (high rate areas). For lodging to be reimbursed, an original, itemized receipt is required. Registration fee, parking, tolls, etc. may be reimbursed with original receipts. Credit card slips, registration forms, or check copies are not accepted as receipts. A Travel Voucher (03.125 AP.22) must be completed after the conference/workshop, etc., to receive reimbursement for actual expenses.

Notes:
Expenses paid by (fund source) _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

PRINCIPAL SIGNATURE: _____ **DATE:** _____

SUPERVISOR/PROJECT COORDINATOR SIGNATURE: _____ **DATE:** _____

FIELD TRIP DESIGNEE SIGNATURE: _____

SUPERINTENDENT SIGNATURE: _____ **DATE:** _____

BOARD CHAIR SIGNATURE (WHEN APPLICABLE): _____ **DATE:** _____

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