

Travel Request FormName Jim Palm ☐ Board Member ☐ Employee ☐ Other, as specified _____School/Work Site _____ School _____ Conference/Workshop KDE Superintendent SummitDate(s) 5/2/16 Departure Time AM 5/2/16 Return Time PM 5/2/16Rationale Required Traing for ALL superintendentsExpenses 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☐ Regular Rate☐ Business 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