

Travel Request Form

Name Jim Palm Board Member Employee Other, as specified _____

School/Work Site _____ School _____ Conference/Workshop KDE Superintendent Summit

Date(s) 5/2/16 Departure Time AM 5/2/16 Return Time PM 5/2/16

Rationale Required Traing for ALL superintendents

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
 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