

Travel Request FormName: __Greg Duty__ ☐ Board Member ☐ Employee ☐ Other, as specified _____School/Work Site: __School____ Conference/Workshop: KASA - New Superintendent TrainingDate(s): 7/18-7/21 Departure Time: 7:00am Return Time: 6:00pm

Rationale for Attendance: __The state has mandated that each new superintendent participate in a training program that meets throughout the school year. I will be participating in the program as a member of Cohort 5.

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: 202 Total Cost \$ 82.82

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

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

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