Travel Request Form

Name: Greg Duty	□ Board Member	🗵 Employee	□ Other, as specified	d
School/Work Site: Danville, KY Conference/Workshop: Mandatory Superintendent Training				
Date(s): <u>11/17/16</u> Departure Time: <u>6:00am</u> Return Time: <u>6:30pm</u>				
	lance: <u>All new superinter</u> a part of Cohort 5 with a gra			nd quarterly trainings
	□ Individual ⊠ Boa til □ Other, as specified			
Substitute Needed?	X No Yes Nu	mber of Days		
Registration Reimbursement Requested X No Yes Amount:				
Estimated Mileage	Total Miles: <u>244</u> Mileage will be reimbur			
Lodging Reimbursement Requested 🖾 No 🗖 Yes				
Amount per night:	0	Regular Rate 🗖 H	Business Rate	Conference Rate
The District will not reimburse for lodging expenses for guests/traveling companions.				
Meal limits	nt Requested: X No do not include gratuities. % of the meal charge.		• •	
Receipts required fo	r all expenditures.			
After Conference/Wo	orkshop, turn in expenses f a Standard Invoice a	0	0 0	ner related charges on
Signature of Applicant				Date

_Greg Duty___

Date

Date

11/8/16

Signature of Superintendent/Designee

RELATED PROCEDURE:

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13