

**Travel Request Form**Name: Greg Duty      ☐ Board Member      ☒ Employee      ☐ Other, as specified \_\_\_\_\_School/Work Site: Lexington, KY      Conference/Workshop: Superintendents' SummitDate(s): 12/6/16      Departure Time: 6:30am      Return Time: 5:30pm**Rationale for Attendance:** All superintendents in the state are requested to attend the Superintendents' Summit held in Lexington, KY where Commissioner Pruitt will be speaking with us collectively as a group.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: 162      Total Cost \$66.42  
Mileage will be reimbursed at the rate approved by the Board.**Lodging Reimbursement Requested**    ☒ No    ☐ Yes  
Amount 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.

_____ <i>Signature of Applicant</i>	_____ <i>Date</i>
<u>Greg Duty</u> <i>Signature of Superintendent/Designee</i>	<u>12/5/16</u> <i>Date</i>

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13