PERSONNEL 03.125 AP.21

Travel Request Form

Name: <u>Greg Duty</u>	☐ Board Member	区mployee	☐ Other, as specified	
School/Work Site: <u>KD</u>	E Office in Frankfort, KY	Conference/Wo	orkshop: Mandatory Superintendent Trainin	g
Date(s): <u>1/13/17</u> Dep	arture Time: 6:00am Ret	urn Time: <u>6:00p</u> 1	<u>om</u>	
	ance: All new superintence part of Cohort 5 with a grad		te are required to attend quarterly training in July of 2017.	<u> 28</u>
		_	Education	
Substitute Needed?	ĭ No ☐ Yes Num	nber of Days		
Registration Reimbur	rsement Requested 🗵	No	Amount:	
Estimated Mileage	Total Miles: 185 Mileage will be reimburs	· · · · · · · · · · · · · · · · · · ·	 -	
Lodging Reimbursem	ent Requested 🗵 No	Yes		
Amount per night:	D R	Regular Rate 🗖 I	Business Rate	
The District w	vill not reimburse for lod	ging expenses fo	or guests/traveling companions.	
Meal limits d exceeding 15%	o not include gratuities. o of the meal charge.		Cotal Daily Meal Expense Limit \$ill not reimburse employees for gratuition	es
Receipts required for				
After Conference/Wor	kshop, turn in expenses fo a Standard Invoice ar	-	odging, Meals, and other related charges os, as appropriate.	n
Signature of Applicant			 Date	
Greg Duty			12/5/16	
S	ignature of Superintender	nt/Designee	Date	
RELATED PROCEDUI	RE:			

Review/Revised:7/11/13

04.31 AP.2 (District procurement cards)