

**Travel Request Form**Name Eddie Franke ☐ Board Member ☒ Employee ☐ Other, as specified \_\_\_\_\_School/Work Site Southgate Conference/Workshop Science AssessmentDate(s) 12-12-16 Departure Time 8:30 a.m. Return Time 1:30 p.m.

Reason for Attending Training for upcoming science state assessment

Expenses paid by: ☐ Individual ☐ Board ☐ Special Education ☐ KEA ☐ Co-Op  
☐ School Council ☐ Other, as specified \_\_\_\_\_ No FeesSubstitute Needed? ☒ No ☐ Yes Number of Days \_\_\_\_\_Registration Reimbursement Requested ☒ No ☐ Yes Amount: \_\_\_\_\_

Estimated Mileage Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

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.**

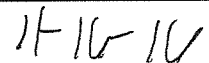
After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on a Standard Invoice and attach receipts, as appropriate.



Signature of Applicant



Signature of Superintendent/Designee



Date

12/5/16

Date

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised: 7/11/13