

**Travel Request Form**

Name Eddie Franke  Board Member  Employee  Other, as specified \_\_\_\_\_

School/Work Site Southgate Conference/Workshop Science Assessment

Date(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 Fees

Substitute 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  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.

*Eddie Franke*

12/16/16

Signature of Applicant

Date

*Gregory J. [Signature]*

12/5/16

Signature of Superintendent/Designee

Date

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13