Travel Request Form

Name: Greg Duty ☐ **Board Member** ☒ **Employee** ☐ **Other, as specified** _____

School/Work Site: KASA in Louisville, KY **Conference/Workshop:** Cohort 5 Recognition/KASA

Date(s): 7/25-27 **Departure Time:** 6:00pm **Return Time:** 6:00pm

Rationale for Attendance: All new superintendents in the state will be recognized for completing the required yearly training by the state. The KASA Conference will also be occurring at the same time.

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: 204 Total Cost $83.64
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.

_____ _____
Signature of Applicant ***Date***

_____Greg Duty_____ 7/11/17_____
Signature of Superintendent/Designee ***Date***

RELATED PROCEDURE:

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13