Travel Request Form

Name Greg Duty_____ ☐ Board Member ☒ Employee ☐ Other, as specified _____

School/Work Site: Williamstown School District Conference/Workshop _____

Date(s) 11/6/17_____ Departure Time 6:30am_____ Return Time 12:00pm_____

Rationale for Attendance: Attending a district work session that focuses on instructional leadership and touring the district's facilities including the early childhood center.

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: 84 miles Total Cost $34.44
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.

*Greg Duty*_____ 10/9/17_____

Signature of Applicant ***Date***

_____ _____

Signature of Superintendent/Designee ***Date***

RELATED PROCEDURE:

04.31 AP.2 (District procurement cards)

Review/Revised:7/11/13