

**Travel Request Form**Name: Greg Duty \_\_\_\_\_ ☐ Board Member ☒ Employee ☐ Other, as specified \_\_\_\_\_

School/Work Site: Griffin Gate Lexington Conference/Workshop: KASS Annual Conference

Date(s): 12/9-12/11 \_\_\_\_\_ Departure Time: 12:00pm \_\_\_\_\_ Return Time 2:00pm \_\_\_\_\_

**Rationale for Attendance:** The Kentucky Association of School Superintendents will be holding the KASS Annual Conference in order to offer opportunities for professional development, professional networking, and career growth for top-level school administrators.

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: 161 miles Total Cost \$66.01  
 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* \_\_\_\_\_ 11/2/18 \_\_\_\_\_

*Signature of Applicant*

*Date*

\_\_\_\_\_  
*Signature of Superintendent/Designee*

\_\_\_\_\_  
*Date*

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised: 7/11/13