

DRAFT 6/13/2022

PERSONNEL

03.125 AP.21

Formatted: Centered

Travel Request Form

Name _____

☐ Board Member ☐ Employee ☐ Other, as specified _____

School/Work Site _____ Conference/Workshop _____

Date(s) _____ Departure Time _____ Return Time _____

Rationale for Attendance: _____

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: _____

Mileage will be reimbursed at ~~the current quarterly rate~~ 40¢ (forty cents) per mile.

Total Miles: _____ Total Cost \$ _____

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

Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 15% of the meal charge.

Receipts shall be required for all expenditures.

After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on a Travel Voucher Form (03.125 AP.22) and attach receipts, as appropriate.

Signature of Applicant

Date

Signature of Superintendent/Designee

Date