Allen County School District
Meeting Request/Expense Form

Munis Code _____

Submit this form to the Principal and Superintendent for ***PRIOR APPROVAL***. Complete ALL Items.

Employee Name	Travis Hamby		
School/Work Site	ACBOE	**Date Submitted**	7-30-2025
Meeting/Conference Information			
Name of Event	KASA		
Location	Louisville, Ky	**Meeting Dates**	7/23 - 7/25
Departure Date & Time	7/30, 10 a.m.	**Return Date & Time**	7/25, 12:00pm
PD/Leadership Hours?	☒ Yes ☐ No	**Sub Required?**	☐ Yes ☒ No
Rationale for Attendance	Prof. Dev. + Presented (Featured Speaker)		

EXPENSES
ALL CLAIMED EXPENSES, EXCEPT MILEAGE, MUST BE DOCUMENTED WITH ITEMIZED RECEIPTS

Paid By	☐ SBDM ☐ Board ☐ ECE ☐ KETS ☑ Other: Supt office		
Estimated Cost (Before Trip)	**Category** *(See reverse side for guidelines and maximum reimbursements.)*		**Actual Cost (After Trip)**
$	Mileage (_____ miles x _____ cents/mile) District Vehicle		$
$	Commercial Travel		$
$	Registration Fee *(Attach Meeting Registration Form)*		$
$	Lodging (# of nights: 2) Rate: 166.62 *($250/ night max)* #141.6 Lodging Tax		$ 361.56
$	Meals *(Overnight only; Full Day $40 max; 1/2 Day $20 max; 18% Tip Max)*		$
$	Parking/Tolls		$
$	Other (specify):		$
$	← **Total Estimate**	**Total Claimed Expenses →**	$ 361.56

Prior Approval
The form must be completed, and the Munis Code must be included before the superintendent approves it.

Principal / Supervisor: _____ **Superintendent** Board Chair Bri Allen

Employee Certification (Complete AFTER Trip within 7 days): *I certify that the above expenses are accurate and comply with district policy and guidelines (see reverse side).*

Actual Departure Date & Time: 7/30 - 10am Actual Return Date & Time: 7/25, 12:00pm

Employee Signature: _____ Date: 7-30-2025

Revised 2/25/25