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	DALI Exec. Cabinet Retreat		
Location	Naples, FL	**Meeting Dates**	7/9 - 7/11
Departure Date & Time	7/7, 10am	**Return Date & Time**	7/12, 12:00pm.
PD/Leadership Hours?	☐ Yes ☐ No	**Sub Required?**	☐ Yes ☒ No
Rationale for Attendance	Annual DALI Event (member) - Prof. Learning - Strat. Planning		

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)	$
$	Commercial Travel	$
$	Registration Fee *(Attach Meeting Registration Form)*	$
$	Lodging (# of nights: ____) Rate: _____ *($250/ night max)*	$
$	Meals *(Overnight only; Full Day $40 max; 1/2 Day $20 max; 18% Tip Max)*	$
$	Parking/Tolls 3 Night @ 30 each	$ 90.00
$	Other (specify): Rental Car 3 days @ $35 + Tax	$ 148.99
$	← **Total Estimate** — **Total Claimed Expenses →**	$ 238.99

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

Principal / Supervisor: _____ Board chair **Superintendent** Bri Cellan

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: 7/7 10am Actual Return Date & Time: 7/12, 12:00pm

Employee Signature: _____ Date: 7-30-2025

Revised 2/25/25