

Travel Request Form

Employee Name _____

School/Work Site _____ Conference/Workshop _____

Date(s) _____ Departure Time _____ Return Time _____

Rationale for Attendance: _____

Expenses to be paid by: Special Education School SBDM
 General Fund Reading First Title II School Activity Fund
 FRYSC District PD School PD Other, please list _____

Substitute Needed? No Yes Number of Days _____

Does registration fee include meals? Yes No

If "YES" how many? _____ breakfast _____ lunch _____ dinner.

Estimated Mileage to be reimbursed: _____

Mileage will be reimbursed at the rate established by the Board.

Lodging Reimbursement Requested No Yes

Estimated cost per night _____ Number of nights: _____

The District will not reimburse for lodging expenses without an itemized receipt nor for guests/traveling companions.

Meals Reimbursement Requested: No Yes If yes, how many?

_____ Breakfast Travel before 6:30 a.m.

_____ Lunch Travel between 11:00 a.m. and 2:00 p.m.

_____ Dinner Travel after 6:00 p.m.

After Conference/Workshop, you must turn in expenses for Registration, Lodging, Meals, and mileage on a Travel Voucher and attach applicable receipts.

Signature of Employee *Date*

Signature of Superintendent/Designee *Date*

RELATED PROCEDURES:

03.125 AP.22

04.31 AP.2 (District procurement cards)

Review/Revised:6/28/07