

**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: \_\_\_\_\_

Estimated Mileage Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Mileage will be reimbursed at  20¢  22¢  25¢  28¢  30¢  Other, as specified \_\_\_\_\_

Lodging Reimbursement Requested  No  Yes

Amount per night \_\_\_\_\_  Regular Rate  Business Rate  Conference Rate

**The District will not reimburse for lodging expenses for guest/traveling companions.**

Meals Reimbursement Requested:  No  Yes Total Daily Meal Expense Limit \$ \_\_\_\_\_

Breakfast Limit  \$5.00  \$6.00  Other \$ \_\_\_\_\_

Lunch Limit  \$8.00  \$7.00  Other \$ \_\_\_\_\_

Dinner Limit  \$15.00  \$15.00  Other \$ \_\_\_\_\_

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

Receipts required for  all expenditures OR those in excess of  \$2.00  \$4.00  Other, \$ \_\_\_\_\_

After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on a Standard Invoice and attach receipts, as appropriate.

\_\_\_\_\_  
**Signature of Application**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**RELATED PROCEDURE:**

04.31 AP .2 (District procurement cards)

Review/Revised: 9/11/00