

# Lake Stevens School District Advance Travel Fund – Non Overnight Stay

Revised 9/23

NAME \_\_\_\_\_ ACTIVITY \_\_\_\_\_

BUILDING \_\_\_\_\_ DATES OF TRAVEL \_\_\_\_\_ TO \_\_\_\_\_

EVENT ATTENDING \_\_\_\_\_

DESTINATION (CITY, STATE) \_\_\_\_\_

ACCOUNT CODE \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

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## ESTIMATED EXPENSES

**Meals:** 1. Meal Allowance Method

# of Meals

\_\_\_\_\_ x Breakfast @ \$10.00 \_\_\_\_\_

\_\_\_\_\_ x Lunch @ \$10.00 \_\_\_\_\_

\_\_\_\_\_ x Dinner @ \$15.00 \_\_\_\_\_

Total \_\_\_\_\_

Meal allowance receipts are not required.

Meal allowance will not be higher than the standard  
per diem rate set by the District of \$35/day

**Other Expense:** \_\_\_\_\_

**Total Estimated Expenses** \_\_\_\_\_

Will a fleet/gas card be required to attend this event? Yes \_\_\_\_\_ No \_\_\_\_\_

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- I hereby acknowledge receipt of the above amount as an advance for expenses to be disbursed for official school district business as authorized by board policy.
- **\*I understand the Meal Allowance does not involve an overnight stay and will be considered taxable income. The advance will be subject to taxes on my next payroll. IRS Publication 5137 Fringe Benefits.**
- I understand the purpose of the Advance Travel Revolving Fund and agree to comply with the repayment regulations described above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Building Principal

\_\_\_\_\_  
Signature of Superintendent (for out of state travel)