Warren County School System
Travel Request

Name:_____ Date of Request: _____

School/Department: _____ Date(s) of Conference: _____

Name of Conference: _____

Location of Conference: _____

Write your school's SIP goal OR the system's TCSPP goal to which this conference is related.

_____

ESTIMATED (Complete BEFORE trip)	**TYPE OF EXPENSE**
$	**Meals: $13.00-breakfast; $14.00 – lunch; $23.00 – dinner** ***Meals provided as part of the conference fees will NOT be reimbursed.** ***Reimbursement for a meal/meals with no overnight stay is not permitted.** ***Employee must leave before 6:00 AM to claim breakfast reimbursement and return home after 6:00 PM to claim dinner.**
$	**Lodging:** ▪ **Hotel Name_____ Confirmation #_____** ▪ **Hotel Address and Phone # _____** ▪ **Arrival date: _____ Departure date: _____** ▪ **# of nights _____@ $_____ per night = $_____** ***Hotel receipt with "zero" balance required for reimbursement. Federal Programs reimbursement only—no prepaid lodging**
$	**Mileage: # of miles_____ @ IRS determined rate per mile = $_____** ***Attach actual mileage (round trip and shortest distance) determined by Google Maps.**
$	**Conference registration fee: $_____** ***Registration form must be attached in order to prepay.**
$	**Substitute teacher pay: $102.66 per day for _____ days.**
$	**Other costs (please detail and attach receipts for reimbursement):** ***Valet parking is not allowable for reimbursement unless it is the only parking available and the form is signed by the hotel.**
$	**TOTAL**

Signature of person making request: _____ Date: _____

Principal's Signature*: _____ Date: _____

Supervisor's Signature*: _____ Date: _____

Director of School's Signature*: _____ Date:_____

Signatures indicate approval of request

BUDGET CATEGORY: GP_____; School_____; HEALTH_____; CTE_____; GPSPED_____; GPPreK_____; GPSPEDPREK_____; CSH_____; DIR_____; BOARD_____; FISCAL_____; TECH_____; ATTEND_____; 201_____; 441_____; 901_____; 801_____; other (explain :_____)

Updated 1/2024