

Appendix A

KOSCIUSKO SCHOOL DISTRICT
PROFESSIONAL TRIP REQUEST

Name: _____ Today's Date: _____
 _____ Kosciusko Lower Elementary _____ Kosciusko Junior High School
 _____ Kosciusko Middle Elementary _____ Kosciusko High School
 _____ Kosciusko Upper Elementary
 _____ Other (Specify: _____)

Trip Information:

Date (s) of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Purpose of Trip: _____

Expenditure Information:

Method of Transportation: _____ Personal Vehicle _____ School - Owned Vehicle

I have a valid drivers license _____ Yes _____ No

If it is a personal vehicle, my vehicle is in good working order, has a valid inspection decal, and is appropriately insured. _____ Yes _____ No

Expenses to be paid from:

_____ District _____ Federal _____ ESSER _____ SPED

Estimated Cost: updates yearly per <https://www.dfams.gov>

Travel _____ Miles @ .56 (if school vehicle is not available) \$ _____

_____ Miles @ .16 (if personal vehicle is taken) \$ _____ Lodging

(MUST keep Itemized Receipt)

Registration (MUST attach Invoice and Agenda) \$ _____

Food (MUST have Itemized Receipts for full reimbursement) \$ _____

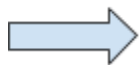
Total Estimated Cost for Trip: \$ _____

 Employee Signature

 Principal Signature

 Federal Program/ Business Manager Signature

 Superintendent Signature



_____ Reserve Car	_____ Reserve Expedition
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