

Lake Stevens School District Advance Travel Fund – Non Overnight Stay

Revised 12/25

NAME _____ ACTIVITY _____
BUILDING _____ DATES OF TRAVEL _____ TO _____
EVENT ATTENDING _____
DESTINATION (CITY, STATE) _____
ACCOUNT CODE _____ DATE OF REQUEST _____

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 ☐

- 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 or Other Approving Official

Signature of Superintendent (for out of state travel)