Lake Stevens School District
Advance Travel Fund – 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 that the affidavit of receipt of advance travel money must be submitted to the school business office **on or before the 10th day** following the end of the travel period, along with any unexpended portion of the advance (payable by check or money order - **PLEASE DO NOT SEND CASH**). Since this is a revolving fund, it is necessary that such advances be repaid quickly so that others may have use of these funds.
- Failure to meet the above conditions may result in the withholding of amounts owing from your next payroll and/or a charge of 10% annum penalty on the amount owed.
- I understand the purpose of the Advance Travel Revolving Fund and agree to comply with the repayment regulations described above. I further understand that approved expenses exceeding the advance amount may be claimed on a Travel Expense Voucher form and will be paid to me by regular warrant.

_____
Signature of Applicant

_____ _____
Signature of Building Principal or Other Approving Official

Signature of Superintendent (for out of state travel)