

**DISTRICT TRAVEL AND REIMBURSEMENT REQUEST
OR SUBSTITUTE REQUEST (NO TRAVEL)**

Vendor #

DANVILLE COMMUNITY CONSOLIDATED SCHOOL DISTRICT #118

PO#

Submit ONE copy on **WHITE** to the **Director of Special Education** for approval **12 calendar days** prior to departure.
A copy will be returned to you to be used as the reimbursement request. You must return it to your Principal for signature within **30 days** after workshop is completed.

Initials for Grant account information: _____

Name of Applicant _____ Date _____

School _____ Dept./Grade _____

Account No. _____ Acct. Title _____

I intend to travel on behalf of Danville Schools to _____

(city and state)

on _____ for the purpose of _____

(conference title)

Dates you will be "out on school business" PLEASE DO NOT INCLUDE WEEKEND DAYS _____

*ALSO: Do not include dates that you will be leaving after your **contractual hours**. For attendance purposes this is very important.*

THE DISTRICT WILL PICK UP NO MORE THAN THE ESTIMATED COST OF THE TRIP

	Estimated Cost	Reimbursement Actual Cost
1. Mode of travel:		
a) car - estimated miles _____ @ <u>0.760</u> /per mile	\$ _____	\$ _____
b) Plane, Train or Bus (round trip fare)*	\$ _____	\$ _____
2. Lodging per day _____ tax x _____ days= *	\$ _____	\$ _____
3. Meals: Breakfast - \$11.00 x _____ days= *	\$ _____	\$ _____
Lunch - \$15.00 x _____ days= *	\$ _____	\$ _____
Dinner - <u>\$29.00</u> x _____ days= *	\$ _____	\$ _____
The above amounts may be combined at the employee's option if travel extends through two or more meal times. The actual location for eating the above meals will be at the discretion of the employee. If traveling before 7AM breakfast is allowed, after 6PM dinner allowed.		
4. Registration*	\$ _____	\$ _____
5. Other (parking, tolls, uber etc)	\$ _____	\$ _____
6. <u>Total cost of trip*</u>	\$ _____	\$ _____
7. Expense allowed from other organizations, if any	\$ _____	\$ _____
8. Amount paid in advance by District #118	\$ _____	\$ _____
	BALANCE DUE	\$ _____
9. Substitute: No _____ Yes _____ (If 1/2 day _____ AM _____ PM)		If yes, what days _____

Sub Account Number _____

The following people will be traveling with me _____

***ITEMIZED RECEIPTS REQUIRED** Signature of traveler _____

**AFTER RECEIVING APPROVAL IT IS YOUR RESPONSIBILITY TO MAKE
ARRANGEMENTS WITH THE OPERATOR FOR A SUBSTITUTE IF ONE IS NEEDED.**

TRAVEL APPROVAL

REIMBURSEMENT APPROVAL

(Building Administrator)

(Building Administrator)

(Director of Special Education)

(Director of Special Education)

(Associate Superintendent)

(Associate Superintendent)

OISA =Only If Sub Available

(Treasurer)

Not Approved - Reason _____

Approved at Initiators Expense