

Raisin City School District

TRAVEL/CONFERENCE FORM (To be filled out in ADVANCE)

TO: BOARD MEMBERS

Name: _____

Conference/Meeting Dates: _____

Purpose: _____

Location: _____

Registration Fee	\$	_____
Transportation	\$	_____
Lodging _____ Night(s) @ \$_____ per night	\$	_____
Mileage _____ Miles @ .76 cents per mile	\$	_____
Meals* _____ Day(s) @ \$54.00 per day	\$	_____
Other _____	\$	_____

TOTAL AMOUNT REQUESTED **\$** _____

Requested by _____
Date _____

Approved by _____
Date _____

* Breakfast \$13.00 per day
Lunch \$15.00 per day
Dinner \$26.00 per day

Please attach a copy of Conference/Meeting brochures, etc.

If approved by the Board of Trustees; please submit requisition(s) to the Business Department.

08/10/2026 TH