Wabasha-Kellogg
Public Schools
Excellence in Education

W-K PROFESSIONAL LEAVE/FIELD TRIP REQUEST FORM

EMPLOYEE: _____ DATE OF ABSENCE: _____

____ Field Trip ____ Professional Leave Budget/Bill To: _____

____ Bus Needed ____ School Vehicle ____ Own Vehicle
(Complete Bus Request Form) *(Maximum 7 Passengers, incl. driver)* *(Cannot transport Students)*

Transporting Students? ____ YES ____ NO Substitute Needed: ____ YES ____ NO

Travel Destination Place: _____

Street Address & City: _____

School Car – *Time Needed* FROM: _____ TO: _____ _____
(Kwik Trip Gas Receipt AND Vehicle Keys must be returned to the District Office)

Passenger List: _____ _____

_____ _____

AGENDA & ALL PAPERWORK MUST BE ATTACHED
NO REIMBURSEMENT WITHOUT RECEIPTS – No Exceptions

This slip shall be filled out in the column headed "Estimated Expenditures" PRIOR to the travel and turned into Lisa Gillespie in the District Office. After the trip, receipts must be submitted to Lisa Gillespie.

	Estimated Expenditures	Actual Expenditures
Substitute Expenses (Post AESOP Expense of $ 130.20/Day or $65.10/Half Day, if substitute needed)		
Mileage *(Paid only when District Vehicle is NOT Available)*		
Use Own Vehicle *(Employee Choice – District Pays "Calculated Gas Stipend Only" when vehicle is available)*		
Parking:		
Hotel: Confirmation # _____		
Registration Fees:		
Meals: Breakfast $14.00 Max.		
Lunch $16.00 Max.		
Dinner $29.00 Max.		
Maximum Daily Allowance $59.00 Max.		
Stipend – *(Payroll)* _____ Hours x $ _____ Rate = *(Must be prior written approved by Administrator)*		
TOTALS		

(over)

Wabasha-Kellogg
Public Schools
Excellence in Education

NO REIMBURSEMENTS WITHOUT RECEIPTS – No Exceptions

I hereby certify that the expenses claimed above are actual, correct, and that no payment has been received, nor will be claimed for the same expenses.

MAKE SURE TO SIGN ---------- >>>

_____

EMPLOYEE SIGNATURE **DATE**

Administrative Approval:

Principal Initials _____ Date _____

Supt. Initials _____ Date _____