

Overnight Travel Request

Employee Name _____

School/Department _____

Travel requests must be reviewed and approved by a principal/supervisor and the superintendent/designee before booking, email principal/supervisor approved packet to travel@nkschools.org

Please follow [Policy 6213](#) and [Procedure 6213P](#) for Reimbursement for travel expenses.

Travel Requested

Description
Location
Dates

Dates of Travel - may differ from actual event dates

Departure Date/Time
Return Date/Time

Program Funding Travel (SPED, Title I etc.)

Account Code To Charge

Estimated Cost Breakdown

Registration Fees* <i>Attach agenda/itinerary for event</i>	\$
Airfare* <i>Attach quote</i>	\$
Hotel* <i>Attach quote, ask for conference or government rate</i>	\$
Mileage <i>Attach mileage form and map</i>	\$
Per Diem <i>Attach per diem form & GSA rate for location</i>	\$
Other* (tolls, ferry, parking, baggage etc.) <i>Attach receipts</i>	\$
Total	\$

**These expenses are OK to charge on P-card*

APPROVALS

Principal/Supervisor Signature _____

Print Name /Date _____

Travel Coordinator Signature _____

Print Name/Date _____

Superintendent/Designee Signature _____

Print Name/Date _____