

PERSONNEL

Travel Request Form

Name _____ Board Member Employee Other, as specified

School/WorkSite _____ Conference/Workshop _____
(location of conference/workshop)

Date(s) _____ Departure Time: _____ Return Time _____

Rationale for Attendance _____

Expenses paid by: Individual Board Special Education KEA
 Coop School Other

Substitute Needed? No Yes Indicate # of days _____

Does registration fee include meals? _____ If "yes" _____ Breakfast _____ Lunch _____ Dinner

Estimated Mileage _____ x _____ per mi. = _____ Estimated mileage reimbursement

Mileage will be reimbursed at the current rate approved by the Board.

Overnight Lodging? No Yes _____
Hotel name & phone # associated with conference or training

Regular Rate _____ Business Rate _____ Conference Rate _____

Meals Reimbursement Requested: No Yes (Meals are reimbursed *only* when overnight travel is required)

Breakfast Limit **\$5.00** Lunch limit **\$10.00** Dinner limit **\$18.00**

Meal limits include gratuities.

After Conference/Workshop, turn in receipts for Registration, Lodging, and other related charges on a Travel Reimbursement Form.

Signature of Applicant _____ Date _____

Signature of Principal _____ Date _____

Signature of Superintendent/Designee _____ Date _____

Munis Code _____ Obj _____ Project _____

Finance Officer _____ PO # _____