REQUEST FOR TRAVEL/CONFERENCE APPROVAL

PURCHASE ORDER REQUIRED FOR EACH EXPENSE CLAIM

Prepayment Required ☐ **Yes**   Date Due: _____   To: _____
☐ **No** (Unless you indicate a prepayment is necessary, no prepayment will be sent)

Employee: _____   Date of Request:_____

SCHOOL/SITE	**Date(s) of Activity**

Destination: _____ (facility you are visiting and city)

Funding Program: _____

Purpose of Activity: _____
_____

How will attendance benefit the District's educational program(s)? _____
_____

THE FOLLOWING CLAIMS REQUIRE A PURCHASE ORDER EACH. PLEASE ATTACH A COPY WITH THIS FORM.

TRANSPORTATION: ☐ District Vehicle ☐ Personal ☐ Other _____ Est. Miles _____ x $.545/mile =$_____
(Mileage will only be paid when a School/District vehicle is not available.)

PER DIEM:	**PARKING:**	**AIR TRAVEL:**
_____ Breakfast x $10.00 =_____ _____ Lunch x $11.00 =_____ _____ Dinner x $18.00 =_____ Per Diem is taxable income, unless it meets the IRS overnight travel rule.	_____ Days x $_____ = $_____ **Taxi/Shuttle:** _____Trips x $_____/Trip =$_____	Airline Name: _____ Confirmation #: _____ Total Cost: _____ Please attach copy of confirmation/receipt

REGISTRATION FEE: $_____   **ORGANIZATION CONDUCTING ACTIVITY:**_____
(Attach completed copy of ENTIRE Registration Form)
REGISTRATION HAS BEEN MADE ☐ **YES** ☐ **NO**   **REGISTRATION FORM NEEDS TO BE MAILED** ☐ **YES** ☐ **NO**

LODGING:
Hotel name and address: _____ Tele: _____

Dates:_____   Confirmation #_____

Total cost including all taxes per night $_____ x _____nights = Total cost of lodging $_____

NOTE: HOTEL ACCOMMODATION INFORMATION AND COMPLETED REGISTRATION FORM MUST BE ATTACHED OR REQUEST WILL BE RETURNED!

SUBSTITUTE REQUIRED: _____   **PROGRAM TO CHARGE:** _____

After approval by the site administrator, employees must follow these steps:
➢ Employees are responsible for their own registration, hotel and travel arrangements and any changes thereto. **If an employee does not cancel in an appropriate amount of time to secure a refund, the employee will be responsible for covering the cost.**
➢ **This form, a copy of registration, all required purchase orders, and any backup documentation must be submitted to the District Office –four weeks prior – to date of departure or registration deadline.**

STAFF DEVELOPMENT DAY(S): _____   **SUPERINTENDENT APPROVAL:** _____
(Certificated staff only when conference is on a non-contract day, and is at least 6 hours in length)

APPROVAL		
Authorizing Agent	*Signature*	*Date*
ADMINISTRATOR:		
SUPERINTENDENT:		