

**Travel Request Form**

Name \_\_\_\_\_  Board Member  Employee  Other, as specified \_\_\_\_\_

School/Work Site \_\_\_\_\_

Name of Conference/Workshop & Location \_\_\_\_\_

Date(s) \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Rationale for Attendance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Expenses paid by:  Individual  General Fund  Special Education  KEA  
 Co-Op  School Council  Other, as specified \_\_\_\_\_

Project/Grant Name \_\_\_\_\_

Substitute Needed?  No  Yes Number of Days \_\_\_\_\_

Registration Reimbursement Requested  No  Yes Amount: \_\_\_\_\_

Estimated Mileage Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Mileage will be reimbursed at the July adopted state rate per mile.

Lodging Reimbursement Requested  No  Yes

Amount per night \_\_\_\_\_  Regular Rate  Business Rate  Conference Rate

**The District will not reimburse for lodging expenses for guests/traveling companions.**

**Meals will be reimbursed when an overnight stay is required.**

Meals Reimbursement Requested:  No  Yes Total Daily Meal Expense Limit \$ 30.00

Breakfast limit \$ 7.00; Lunch limit \$ 8.00; Dinner limit \$ 15.00

Receipts required for all expenditures. No meal expenditures for trips will be honored within a fifty (50) mile radius of Manchester.

After Conference/Workshop, turn in expenses for Registration, Lodging, Meals, and other related charges on a Standard Invoice and attach receipts, as appropriate.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Project Director/Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Superintendent/Designee*

\_\_\_\_\_  
*Date*

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:7/27/2015