

# NETTLETON SCHOOL DISTRICT TRAVEL REQUEST FORM

(Original Form to Superintendent for Approval)

(After Approval: Copy to AP with each Requisition, Copy for Requesting Employee)

Name of Employee \_\_\_\_\_ Position \_\_\_\_\_  
School/Location \_\_\_\_\_ Date(s) of Trip \_\_\_\_\_  
Location of Trip \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

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## Expenses for scheduled trip:

Amount

Check No

Transportation \_\_\_\_\_ miles @ \$ 0.56 per mile  
(Airfare, baggage, and rental receipts required), mileage verification via Google; \*Indicate DV if requesting a District Vehicle  
(Home to destination and applicable lodging, restaurant, and conference)

Lodging (Receipt required) (Ask for the State rate) \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Confirmation No.: \_\_\_\_\_

Registration (Receipt required) - Use 810 Object Code \_\_\_\_\_  
(Agenda must be attached)

Meals: Breakfast x \_\_\_\_\_, Lunch x \_\_\_\_\_, Evening x \_\_\_\_\_

Suggested: Breakfast \$11.00/24%; Lunch \$11.00/24%; Evening \$24.00/ 51% (Do not claim meals provided by the conference)

**Total estimated expenses for this trip** \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Principal/Supervisor/Director Action: Circle Funding Request: District Activity Federal  
Vocational SPED Child Nutrition

Recommended absence is \_\_\_\_\_ Approved \_\_\_\_\_ Not approved

A substitute will \_\_\_\_\_ Be secured \_\_\_\_\_ Not be secured

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

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To be completed by Central Office:

Budget Code: \_\_\_\_\_  
Fund GL Code Function Program Object Unit

Action by Administrative Office: Travel has been \_\_\_\_\_ approved \_\_\_\_\_ not approved

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_