

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 _____

Expenses for scheduled trip:

Amount

Check No

Transportation _____ miles @ \$ 0.585 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 _____

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 _____

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 _____