Winston-Dillard School District 116

Code: DLC-AR(3)
Revised/Reviewed: 10/08/14; 1/13/16; 2/08/23;
                   11/13/24
Orig. Code(s):   DLC-AR(3)

Request for Out-of-District Travel

Name: _____   School/Department: _____

Purpose of Trip (**Attach Documentation**) □ Workshop □ Conference □ Sports Event

□ Other: _____

Today's Date: _____   Date check needed: _____

Date of Trip: _____   *(Allow 10 days for processing this request.)*

Destination: _____

Registration: **Subtotal**

Expenses:

Lodging Vendor Name and Address	**Registration** Vendor Name and Address

Lodging:

Meals:

	Breakfast at $13.00 _____
	Lunch at $15.00 _____
	Dinner at $26.00 _____

Total Meals: ➜ _____

Specify where checks are to be sent – see below

Lodging Payment to Vendor	**Registration** Payment to Vendor
□ Send to employee	□ Send to employee
□ Send to Vendor	□ Send to Vendor

Transportation:

	IRS Rate per Mile:	
	Other public transportation:	
	Air Fare:	

Total Transportation: ➜ _____

Specify Check Location(s) Above

Total Payment to Individual:

I hereby certify the above is a true and correct statement of travel/convention expenses.

_____
Signature of Participant   Date

_____
Signature of Supervisor   Date

Purchase Order(s) #: _____

Acct#				**Amount $**