

### Request for Extended Travel

NAME: \_\_Lynn Cole

DATE: March 14, 2017 DEPT/BUILDING High School

PURPOSE: To attend the PNACAC (Pacific Northwest Association of College Admissions Counseling) Annual Conference

DISTRICT BENEFIT: Continued training in current processes/trends in college admission counseling is vital to our ability to assist our students in their process for admission to college. Additionally the opportunity to network with college admissions professionals is an invaluable resource.

TRAVEL DETAILS: 1. DESTINATION: Boise, ID

2. DATES: May 16-19, 2017

| <i>ESTIMATED EXPENSES:</i> | <i>DESCRIPTION</i>                                | <i>COST</i>      |
|----------------------------|---|------------------|
| TRAVEL                     | Airlines \$248.00                                 | \$ 248.00        |
| MEALS                      | Per Diem  | \$ 148.00        |
|                            | Conference Provides:                              |                  |
|                            | May 18-19: Breakfast & Lunch                      |                  |
|                            | May 16: Dinner \$33.00                            |                  |
|                            | May 17: Lunch & Dinner \$49.00                    |                  |
|                            | May 18 & 19 Dinner: \$66.00                       |                  |
| LODGING                    | Dorm Room \$41.16 x 3 nights                      | \$ 124.00        |
| REGIS/FEEES                | PNACAC scholarship is paying for the registration | \$ 0             |
| SUBSTITUTE                 |   | \$ 0             |
| OTHER                      | Taxi Cab \$12.50 one way / Round Trip \$ 25.00    | \$ 25.00         |
| <b>TOTAL</b>               |   | <b>\$ 545.00</b> |

BUDGET SOURCE(S): Travel Budget Code Amount


GENERAL FUND: \_\_\_\_\_

**WORKSHOP FUND:**

100 2240 0249 500 330000 \$275.00

CONTRACT REQUIREMENT: \_\_\_\_\_

OTHER: PHS Counseling Professional Services Budget 100.2122.0389.931.000.000 \$225.00

BUSINESS SERVICES DIRECTOR SIGNATURE:  4/5/17

SUPERVISORS RECOMMENDATION AND COMMENTS:

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SUPERVISOR SIGNATURE

*Molly T. O'Neale*

SEND FORM TO SUPERINTENDENT/DESIGNEE:

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

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*please approve*

*K Gray*

*4/17/17*

BOARD ACTION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE: \_\_\_\_\_

*[Signature]*

DATE: \_\_\_\_\_

*3/21/17*

Parkrose School District No. 3  
10636 N.E. Prescott  
Portland, Oregon 97220  
(503) 408-2100

White – Human Resources  
Yellow – Accounts Payable  
Pink – Staff Member

### CERTIFIED WORKSHOP FORM

Reimbursement \_\_\_\_\_ or Purchase Order \_\_\_\_\_

Name Lynn Cole Building PHS Position Counselor  
PEID Number \_\_\_\_\_ Workshop PNACAC  
Workshop Date(s) May 16-19, 2017 Location Boise, ID  
Substitute Teacher N/A Full Day(s) — Half Day(s) —  
Have you pre-registered?  YES  NO Confirmation Number \_\_\_\_\_

**If requesting a purchase order:**

A copy of registration paperwork must be attached with name of course, cost and companies name, address and phone.

**If requesting a reimbursement:**

A copy of registration paperwork and original receipts are completed and attached to be sent with payment.  YES  NO

[Signature] Date 3/21/17  
Staff Signature

Budget Code (Mandatory) for Registration, Mileage, Meals, Lodging, etc \_\_\_\_\_

Substitute Required?  YES  NO Number of days \_\_\_\_\_ Budget Code (Mandatory) \_\_\_\_\_

**Note:** Substitute costs will be deducted from balance before reimbursement check is cut. **BUDGET CODE MUST BE WRITTEN ON SUBSTITUTE TIME SHEET.**

Approved  Denied \_\_\_\_\_  
[Signature] \_\_\_\_\_  
Principal/Supervisor Date 3.22.17

[Signature] \_\_\_\_\_  
School Secretary Date 3.22.17

Workshop Committee \_\_\_\_\_ Date \_\_\_\_\_

**If this workshop is over 200 miles one-way, have you filled out an extended travel form and had it board approved? Registration or reimbursement cannot be done without prior board approval.**

Workshop/Seminar Registration Fee \$ see attached Budget Code attached

Mileage \_\_\_\_\_ Miles x \_\_\_\_\_ cents \$ \_\_\_\_\_ Budget Code \_\_\_\_\_

Lodging \$ \_\_\_\_\_ Budget Code \_\_\_\_\_

Substitute Salary \_\_\_\_\_ days at \$ \_\_\_\_\_ \$ \_\_\_\_\_ Budget Code \_\_\_\_\_

[Signature] \_\_\_\_\_ Date 4-5-17  
Human Resource Director's Signature

Business Services Director \_\_\_\_\_ Date \_\_\_\_\_

275<sup>00</sup> Prepay