

Out of State Travel Request

Name/Title Charles Webber Location Dallas, TX

I am requesting approval to attend VEX World Championships

<https://www.robotevents.com/robot-competitions/vex-robotics-competition/RE-V5RC-24-8909.html#general-info>

General purpose/objective for attending conference/meeting One of our robotics teams won the Oregon

State Championship and qualified for this final tournament of the year

Destination Dallas, TX Leave 5/5/2025 Return 5/9/2025
(city,state) (date/time) (date/time)

Group Travel
Yes X No If yes, attach list of travelers. Person driving must complete form.
See Final Page

Estimated Travel Expenses

To claim reimbursement, please submit a District Travel Expense form to the Business Office within **10 days of completion of the trip**. An approved copy of this form, conference documentation, and any necessary **itemized** receipts must be attached to the Travel Expense Report. General requirements for out-of-state travel are listed on page 2 of this form. District Policy DLC and DLC-AR for Staff Expense Reimbursement may be found on the District's web page.

Complete only the highlighted cells - others will calculate automatically.

			Amount	Account # or Funding Source
1. Registration			<u>1800.00</u>	<u>TDHS</u>
2. Substitute				
	<u>5</u> # days	Full day	<u>\$200.00</u>	<u>1000.00</u>
		Half day	<u>\$100.00</u>	<u>0.00</u>
3. Lodging	(not including taxes)			
	Per Diem rate	<u>\$125.00</u> /night		
Explanation (if other rate)	<u>251</u>			
	# nights	<u>24</u>	<u>3000.00</u>	<u>Fundraising/ASB Account</u>
4. Airfare	(complete itinerary)		<u>3122.00</u>	<u>Fundraising/ASB Account</u>
5. Vehicle Rental	(complete itinerary)	<u>Uber</u>		<u>Fundraising/ASB Account</u>
6. Shuttle Service				
7. Mileage	<u>0.545</u> rate x <u> </u> # miles		<u>0.00</u>	
8. Meals	(use per diem rates)			
	<u>30</u> # breakfast	<u>\$12.00</u> each	<u>360.00</u>	<u>Fundraising/ASB Account</u>
	<u>30</u> # lunch	<u>\$15.00</u> each	<u>450.00</u>	<u>Fundraising/ASB Account</u>
	<u>30</u> # dinner	<u>\$30.00</u> each	<u>900.00</u>	<u>Fundraising/ASB Account</u>
9. Other (specify)				
Total Estimated Expenses			<u>10632.00</u>	

I am requesting to travel out-of-state on the date(s) and for the purposes stated above. The expenses listed are estimates; however, I understand that if I choose to add an expense subsequent to this approval, I must re-submit this request with added expense(s) in order to be reimbursed. **I have read and understand the travel requirements listed on page two of this form.**

Signature of Applicant	<u>Chuck Webber</u>	Date	<u>4/2/2025</u>
Approval Supv/Principal	<u>[Signature]</u>	Date	<u>4/2/25</u>
Approval CFO	<u>[Signature]</u>	Date	<u>4/3/2025</u>
Approval of Board		Date	