

TRAVEL REQUEST FORM (POLICY 405.21F)

MINIDOKA COUNTY JOINT SCHOOL DISTRICT #331

| | | | | | |
|-----------------------|---|------------------------------|--|--------------|--|
| TITLE OF CONFERENCE | DESTINATION | CHECK ONE | | | |
| PURPOSE OF CONFERENCE | REPORT TO: (CIRCLE ONE) BOARD STAFF TEAM | IN-RADIUS | | OUT-RADIUS | |
| | | STUDENT TRAVEL OVERNIGHT Y/N | | | |
| | | # STUDENTS | | # CHAPERONES | |

REQUESTS THAT ARE REQUIRED BY GRANT, GOVERNMENTAL RULES AND REGULATIONS, OR CONSIDERED IMPERATIVE TO THE OPERATION OF THE DISTRICT ARE SUBJECT TO APPROVAL. THE DEADLINE FOR ALL TRIP REQUESTS ARE THE FIRST MONDAY EACH MONTH. OUT OF RADIUS AND STUDENT REQUESTS ARE REVIEWED AT THE SEPTEMBER BOARD MEETING.

| FUNDING SOURCE (MARK ONE) | | | |
|---------------------------|--|------------|--|
| DISTRICT PD | | SPECIAL ED | |
| FEDERAL | | SAFETY | |
| | | ACTIVITIES | |
| | | VOCATION | |

| NAMES OF ATTENDEES | DATE(S) OF TRAVEL | MEALS | | | | MILEAGE | | | PARKING BAGGAGE | RENTAL CAR SHUTTLE TAXI | SUB | REGISTRATION | AIRFARE | LODGING | TOTAL STAFF REIMB |
|--------------------|-------------------|----------------|------------|--|-------------|-----------------------------|-------|--------------------|-----------------|-------------------------|-------|--------------|---------|---------|-------------------|
| | | BREAKFAST \$10 | LUNCH \$15 | DINNER IN-STATE \$20 OUT-STATE \$30 | DAILY TOTAL | DESTINATION CITY OR AIRPORT | MILES | TOTAL .45 PER MILE | | | | | | | |
| HEATHER HEPWORTH | 10-Oct-16 | \$ 10 | \$ 15 | \$ 20 | \$ 45 | BOISE | 165 | \$ 74 | \$ 50 | \$ 50 | \$ 50 | \$ 50 | \$ 200 | \$ 200 | \$ 219 |
| | | | | | \$ - | | | | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |
| | | | | | \$ - | | | \$ - | | | | | | | \$ - |

OFFICE USE ONLY

ALL FORMS MUST BE TYPED. INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.

| | | | |
|--------------------|---------------------------------|-----------------------|---------------|
| BUDGET CODE: _____ | PROGRAM DIRECTOR INITIAL: _____ | TOTAL COST OF REQUEST | \$ 719 |
|--------------------|---------------------------------|-----------------------|---------------|

SIGNATURE(S) OF SUPERVISOR/ADMINISTRATOR: _____

| | |
|------------------------------------|---------------------|
| SIGNATURE OF SUPERINTENDENT: _____ | BOARD APPROVAL DATE |
|------------------------------------|---------------------|