

Request for Extended Travel

NAME: Tracy Grant

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

<u>ESTIMATED EXPENSES:</u>	<u>DESCRIPTION</u>	<u>COST</u>
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/FEES	PNACAC scholarship is paying for the registration	\$ 0
SUBSTITUTE		\$ 0
OTHER	Taxi Cab \$12.50 one way / Round Trip \$ 25.00	\$ 25.00
TOTAL		\$ 545.00

BUDGET SOURCE(S): Travel Budget Code Amount

GENERAL FUND: _____

WORKSHOP FUND: 100 2240 0249 100 330 000 \$500.00

CONTRACT REQUIREMENT: _____

OTHER: PAS Counseling Professional Services Budget 100.2122.0389.931.000.000 \$45.00

BUSINESS SERVICES DIRECTOR SIGNATURE: [Signature] 4/5/17

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

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

CERTIFIED WORKSHOP FORM

Reimbursement _____ or Purchase Order _____

Name Tracy Grant 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

Staff Signature [Signature] Date 3-21-17

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 _____
Principal/Supervisor [Signature] Date 3.22.17
School Secretary [Signature] 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 _____

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

Business Services Director _____ Date _____

500⁰⁰ Propay

SUPERVISORS RECOMMENDATION AND COMMENTS:

SUPERVISOR SIGNATURE Molly T. Ouchie

SEND FORM TO SUPERINTENDENT/DESIGNEE:

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

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