Request for Extended Travel

(THIS REQUEST FORM REQUIRED FOR TRAVEL OUTSIDE OF THE 200-MILE RADIUS)

NAME: Stevie Blakely

DATE: 6/18/09

DEPT/BUILDING: Sacramento School

PURPOSE: To represent the Parkrose School District at the Healthy Schools Forum. Sacramento is one of two schools in the state of Oregon to receive the Bronze Star award.

DISTRICT BENEFIT:

- To represent Parkrose School District and Sacramento School at the Healthy Schools Forum.
- To gain knowledge, understanding and benefits of this program.
- Planning information of how to attain the next level of recognition.
- Share information with all schools in the District.

TRAVEL DETAILS:

1. DESTINATION: NY, NY

2. TRAVEL DATES: August 4-7, 2009

ESTIMATED EXPENSES:	<u>DESCRIPTION</u>	<u>COST</u>
	Air	\$700
• TRAVEL	shuttle	\$35
• MEALS	Per diem 3 days @ \$49	\$147
• LODGING	3 days @ \$150	\$450
REGIS/FEES		
SUBSTITUTE		
• OTHER		

TOTAL: \$1342.

BUDGET SOURCE(S):

Source	Budget Code	Amount
GENERAL FUND:	0155241000	\$1342.00
WORKSHOP FUNDS:		
• CONTRACT REQUIREMENT:		
• OTHER:		

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TOTAL:	\$13 <i>4</i> 2	

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SUPERVISORS RECOMMENDATION AND COMMENTS:
SUPERVISOR SIGNATURE:
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SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:
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BOARD ACTION:
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BEST OF MY KNOWLEDGE.
BEST OF MIT KNOWLEDGE.
EMPLOYEE SIGNATURE:
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DATE: $0/29/29$
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Request for Extended Travel

(THIS REQUEST FORM REQUIRED FOR TRAVEL OUTSIDE OF THE 200-MILE RADIUS)

NAME: Claudia Rusek

DATE: 6/18/09

DEPT/BUILDING: Sacramento School

PURPOSE: To represent the Parkrose School District at the Healthy Schools Forum. Sacramento is one of two schools in the state of Oregon to receive the Bronze Star award. Health Schools Forum will pay 100% of travel costs to attend this conference and receive the Bronze Star award.

DISTRICT BENEFIT:

- To represent Parkrose School District and Sacramento School at the Healthy Schools Forum.
- To gain knowledge, understanding and benefits of this program.
- Planning information of how to attain the next level of recognition.
- Share information with all schools in the District.

TRAVEL DETAILS:

1. DESTINATION: NY, NY

2. TRAVEL DATES: August 4-7, 2009

ESTIMATED EXPENSES:	<u>DESCRIPTION</u>	<u>COST</u>
	Air	\$700
• TRAVEL	shuttle	\$35
• MEALS	Per diem 3 days @ \$49	\$147
• LODGING	3 days @ \$150	\$450
REGIS/FEES		
• SUBSTITUTE	None needed	
• OTHER		

TOTAL:

BUDGET SOURCE(S):

Source	Budget Code	Amount
GENERAL FUND:		
WORKSHOP FUNDS:		
CONTRACT REQUIREMENT:		
OTHER: Paid by Healthy Alliance	NO COST TO PSD	

TOTAL	\$1342	

* One trip to be paid by-

SUPERVISORS RECOMMENDATION AND COMMENTS:
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SUPERVISOR SIGNATURE: JUBBlalely
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SEND FORM TO SUPERINTENDENT/DESIGNEE:
SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:
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ok K gray 6/29/09
BOARD ACTION:
NOT-REQUIRED REQUIREDX_ APPROVEDDISAPPROVEDDATE:
I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE
BEST OF MY KNOWLEDGE.
best of Mt knowledge.
(Claudia Rugala)
EMPLOYEE SIGNATURE: (Claudia Rusak)
DATE: 62909