

TITLE OF CONFERENCE <b>WBEA 2025</b>	DESTINATION <b>Billings, MT</b>	CHECK ONE <input type="checkbox"/> IN-RADIUS <input checked="" type="checkbox"/> OUT-RADIUS <input checked="" type="checkbox"/> x
PURPOSE OF CONFERENCE	REPORT TO: (CIRCLE ONE) <input type="checkbox"/> BOARD <input type="checkbox"/> STAFF <input type="checkbox"/> TEAM	<input type="checkbox"/> STUDENT TRAVEL OVERNIGHT Y/N <input type="checkbox"/> # STUDENTS <input type="checkbox"/> # 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.

NAMES OF ATTENDEE	DATE(S) OF TRAVEL	MEALS					MILEAGE			PARKING BAGGAGE	CTE FUNDS								
		BREAKFAST \$10	LUNCH \$15	DINNER	IN-	DAILY TOTAL	DESTINATION CITY	MILES	TOTAL .67		RENTAL CAR SHUTTLE TAXI	SUB	REGISTRATION	AIRFARE	LODGING	TOTAL STAFF REIMB			
<b>Pelayo, Sarah</b>	13-Feb-24			\$ 20		\$ 20	SALT LAKE AIRPORT	350	\$ 235	\$ 100					\$ 300	\$ 850	\$ 616.48	\$ 499.50	
	14-Feb-24	\$ 10	\$ 15	\$ 20	\$ 45														
	15-Feb-24	\$ 10	\$ -	\$ 20	\$ 30														
	16-Feb-24	\$ 10	\$ 15	\$ 20	\$ 45														
	17-Feb-24	\$ 10	\$ 15		\$ 25														
				\$ -															\$ -
				\$ -															\$ -
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				\$ -															\$ -
				\$ -															\$ -
				\$ -															\$ -
				\$ 165					\$ 235	\$ 100	\$ -	\$ -	\$ 300	\$ 850	\$ 616				

ALL FORMS MUST BE TYPED. INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.		
BUDGET CODE:	PROGRAM DIRECTOR INITIAL: _____	TOTAL COST OF REQUEST <b>\$ 2,365.98</b>
SIGNATURE(S) OF SUPERVISOR/ADMINISTRATOR: _____		BOARD APPROVAL DATE: _____
SIGNATURE OF SUPERINTENDENT: _____		