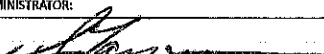


TITLE OF CONFERENCE Community Schools Institute				DESTINATION Nampa, Idaho				CHECK ONE IN-RADIUS ☒ OUT-RADIUS							
PURPOSE OF CONFERENCE				REPORT TO: (CIRCLE ONE) BOARD STAFF TEAM				STUDENT TRAVEL OVERNIGHT Y/N							
REQUESTS THAT ARE REQUIRED BY GRANT, GOVERNMENTAL RULES AND REGULATIONS, OR CONSIDERED 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.								# STUDENTS		# CHAPERONES					
								FUNDING SOURCE (MARK ONE)							
								Community Schools/ West PD							
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 PER MILE .70							
Johnson, Ashley	3-Aug-26			\$ 30	\$ 30										
	4-Aug-26			\$ 30	\$ 30										
	5-Aug-26			\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
Ashcraft, Karlene	3-Aug-26			\$ 30	\$ 30										
	4-Aug-26			\$ 30	\$ 30										
	5-Aug-26			\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
				\$ -	\$ -										
		\$ 120				\$ 231		\$ 100		\$ -		\$ -		\$ 700	
ALL FORMS MUST BE TYPED. INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.															
BUDGET CODE:				PROGRAM DIRECTOR INITIAL:				TOTAL COST OF REQUEST				\$ 1,151			
SIGNATURE(S) OF SUPERVISOR/ADMINISTRATOR:															
SIGNATURE OF SUPERINTENDENT: 														BOARD APPROVAL DATE	

TITLE OF CONFERENCE Community Schools Institute					DESTINATION Nampa, Idaho			CHECK ONE IN-RADIUS ☒ OUT-RADIUS ☐								
PURPOSE OF CONFERENCE					REPORT TO: (CIRCLE ONE) BOARD STAFF TEAM			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) Community Schools/ Heyburn PD				
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 PER MILE .70								
Rich, Lacey	3-Aug-25			\$ 30	\$ 30	Boise	330	\$ 231	\$ 100						\$ 350	\$ 391
	4-Aug-25			\$ 30	\$ 30											
	5-Aug-25				\$ -											
					\$ -											
					\$ -											
Stutzman, Danella	3-Aug-25			\$ 30	\$ 30	Boise	330	\$ 231	\$ 100						\$ 350	\$ 391
	4-Aug-25			\$ 30	\$ 30											
	5-Aug-25				\$ -											
					\$ -											
					\$ -											
Chandler, Renae	3-Aug-25			\$ 30	\$ 30	Boise	330	\$ 231	\$ 100						\$ 350	\$ 391
	4-Aug-25			\$ 30	\$ 30											
	5-Aug-25				\$ -											
					\$ -											
					\$ -											
Morgan, Allsha	3-Aug-25			\$ 30	\$ 30	Boise	330	\$ 231	\$ 100						\$ 350	\$ 391
	4-Aug-25			\$ 30	\$ 30											
	5-Aug-25				\$ -											
					\$ -											
					\$ -											
one additional staff	3-Aug-25			\$ 30	\$ 30										\$ 350	\$ 60
	4-Aug-25			\$ 30	\$ 30											
	5-Aug-25				\$ -											
					\$ -											
					\$ -											
					\$ -											\$ -
					\$ -											
					\$ -											
					\$ -											
					\$ -											
		\$ 300				\$ 924		\$ 400		\$ -		\$ -		\$ 1,750		
ALL FORMS MUST BE TYPED. INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.																
BUDGET CODE: _____ PROGRAM DIRECTOR INITIAL: _____										TOTAL COST OF REQUEST \$ 3,374						
SIGNATURE(S) OF SUPERVISOR/ADMINISTRATOR: _____																
SIGNATURE OF SUPERINTENDENT:														BOARD APPROVAL DATE _____		