TITLE OF CONFERENCE	DESTINATION	CHECK ONE			
Community Schools Institute	**Nampa, Idaho**	IN-RADIUS	x	OUT-RADIUS	
PURPOSE OF CONFERENCE	REPORT TO: (CIRCLE ONE)	STUDENT TRAVEL OVERNIGHT Y/N			
	BOARD STAFF TEAM	# 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/ West PD

NAMES OF ATTENDEES	DATE(S) OF TRAVEL	MEALS: BREAKFAST $10	MEALS: LUNCH $15	MEALS: DINNER IN-STATE $20 OUT-STATE $30	MEALS: DAILY TOTAL	MILEAGE: DESTINATION CITY OR AIRPORT	MILEAGE: MILES	MILEAGE: TOTAL .70 PER MILE	PARKING BAGGAGE	RENTAL CAR SHUTTLE TAXI	SUB	REGISTRATION	AIRFARE	LODGING	TOTAL STAFF REIMB
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
					$ -										
Johnson, Ashley															
					$ -			$ -						$ 350	$ 60
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
Ashcraft, Karlene					$ -										
					$ -		330	$ 231	$ 100					$ 350	$ 391
					$ -										
					$ -										
					$ -										
					$ -										
					$ -			$ -							$ -
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					$ -										
					$ -			$ -							$ -
					$ 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: [signature]

BOARD APPROVAL DATE

TITLE OF CONFERENCE	DESTINATION	CHECK ONE			
Community Schools Institute	**Nampa, Idaho**	IN-RADIUS	x	OUT-RADIUS	
PURPOSE OF CONFERENCE	REPORT TO: (CIRCLE ONE)	STUDENT TRAVEL OVERNIGHT Y/N			
	BOARD STAFF TEAM	# 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

		MEALS				MILEAGE										
NAMES OF ATTENDEES	DATE(S) OF TRAVEL	BREAKFAST $10	LUNCH $15	DINNER IN-STATE $20 OUT-STATE $30	DAILY TOTAL	DESTINATION CITY OR AIRPORT	MILES	TOTAL .70 PER MILE	PARKING BAGGAGE	RENTAL CAR SHUTTLE TAXI	SUB	REGISTRATION	AIRFARE	LODGING	TOTAL STAFF REIMB
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
					$ -										
Rich, Lacey					$ -	Boise	330	$ 231	$ 100					$ 350	$ 391
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
					$ -										
Stutzman, Danelle					$ -	Boise	330	$ 231	$ 100					$ 350	$ 391
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
					$ -										
Chandler, Renae					$ -	Boise	330	$ 231	$ 100					$ 350	$ 391
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
					$ -										
Morgan, Allsha					$ -	Boise	330	$ 231	$ 100					$ 350	$ 391
	3-Aug-25			$ 30	$ 30										
	4-Aug-25			$ 30	$ 30										
	5-Aug-25				$ -										
one additional staff					$ -										
					$ -			$ -						$ 350	$ 60
					$ -										
					$ -										
					$ -										
					$ -										
					$ -			$ -							$ -
					$ 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