

OUT-RADIUS STAFF TRAVEL REQUEST FORM

#1 June

MINIDOKA COUNTY JOINT SCHOOL DISTRICT # 331

DATE SUBMITTED:	5/15/2016	NAME OF STAFF TRAVELING:	Brooke Claridge
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(SUBMIT TYPED FORMS ONLY; DO NOT PRINT AND HANDWRITE):

NOTE: OUT OF RADIUS IS TRAVEL OVER 300 MILES AND MUST BE APPROVED BY THE BOARD; A SEPARATE FORM MUST BE FILLED OUT FOR EACH TYPE.

LIST TRIP(S) THAT ARE REQUIRED BY GRANT, OR GOVERNMENTAL RULES AND REGULATIONS, OR CONSIDERED IMPERATIVE TO THE OPERATIONS OF THE DISTRICT. ALL REQUESTS ARE SUBJECT TO APPROVAL. THE DEADLINE FOR ALL TRIP REQUESTS IS THE FIRST MONDAY OF EACH MONTH (ALL OUT-OF-RADIUS TRIP REQUESTS ARE REVIEWED AT THE SEPTEMBER BOARD MEETING).

DATE(S) OF TRAVEL	NAME OF CONFERENCE, WORKSHOP, OR ACTIVITY	LOCATION OF CONFERENCE, WORKSHOP, OR ACTIVITY CITY & STATE	ITEMIZED EXPENSES (INCLUDE AIRFARE, MEALS, MILEAGE, REGISTRATION, LODGING, SHUTTLE, CAR RENTAL, ETC.) & TOTAL	TOTAL COST OF EXPENSES	AMOUNT EMPLOYEE WILL PAY	AMOUNT REQUESTED FOR DISTRICT TO PAY	SPECIFIC FUNDING SOURCE												
OCTOBER 30-NOV 1, 2016	NATIONAL ASSOCIATION EDUCATION OF HOMELESS CHILDREN AND YOUTH	ORLANDO, FL	<table border="1"> <tr><td>MEALS</td><td>\$ 275</td></tr> <tr><td>MILEAGE</td><td>\$ 186</td></tr> <tr><td>LODGING</td><td>\$ 600</td></tr> <tr><td>REGISTRATION</td><td>\$ 495</td></tr> <tr><td>AIRFARE</td><td>\$ 500</td></tr> <tr><td>OTHER</td><td>\$</td></tr> </table>	MEALS	\$ 275	MILEAGE	\$ 186	LODGING	\$ 600	REGISTRATION	\$ 495	AIRFARE	\$ 500	OTHER	\$	\$ 2,056.00	\$ -	\$ 2,056.00	
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WHY TRAVEL IS REQUIRED OR RECOMMENDED? National Conference requires for Federal level guidance on homeless education				TOTAL:	TOTAL:	TOTAL:													
				\$ 2,056.00	\$ -	\$ 2,056.00													

WHAT IS YOUR PURPOSE FOR ATTENDING WORKSHOPS, CONFERENCES OR ACTIVITIES?

To gain valuable knowledge on national protocol and standards for the identification and educational services available for homeless children in MCSD

HOW WILL THE INFORMATION GAINED FROM THIS TRAVEL BE SHARED WITH STAFF AND THE BOARD?

Team meetings & collaboration.

HOW WILL THE EFFECTIVENESS OF THE TRAINING BE ASSESSED (OBSERVATIONS, ASSESSMENTS, ETC.)?

observation, assessment.

A TRAVEL REIMBURSEMENT FORM MUST ALSO BE FILLED OUT TO REQUEST PERDIEM
INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.

SIGNATURE OF SUPERVISOR/ADMINISTRATOR:

Heather Hemmrich

5-13-16

SIGNATURE OF SUPERINTENDENT:

James Stevenson 5-16-16

James Stevenson

BOARD
APPROVAL DATE:
Last Update: 10/13/2014

6/30/16