

# TRAVEL REQUEST FORM (POLICY 546.00F)

MINIDOKA COUNTY JOINT SCHOOL DISTRICT #331

<p>TITLE OF CONFERENCE</p> <p>Diesle Technology Training</p> <p>PURPOSE OF CONFERENCE</p> <p>PROFESSIONAL DEVELOPMENT - ARTEC</p>	<p>DESTINATION</p> <p>PORTLAND OR</p> <p>REPORT TO: (CIRCLE ONE)</p> <p>BOARD      STAFF      TEAM</p>	<p>CHECK ONE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">IN-RADIUS</td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%; text-align: center;">X</td> </tr> <tr> <td colspan="4" style="text-align: center;">STUDENT TRAVEL OVERNIGHT Y/N</td> </tr> <tr> <td># STUDENTS</td> <td></td> <td># CHAPERONES</td> <td></td> </tr> </table>	IN-RADIUS			X	STUDENT TRAVEL OVERNIGHT Y/N				# STUDENTS		# CHAPERONES	
IN-RADIUS			X											
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)					
DISTRICT PD	X	SPECIAL ED		ACTIVITIES	
FEDERAL		SAFETY		VOCATION	

NAMES OF ATTENDEES	DATE(S) OF TRAVEL	MEALS				MILEAGE			Y/N	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 .45 PER MILE	DISTRICT CAR AVAILABLE							
JUSTIN TATE	22-Oct-18	\$ 10	\$ 15	\$ 30	\$ 55	Boise		\$ -	Yes	\$ 50	\$ 50		\$ 928	\$ 490	\$ 800	\$ 220
	23-Oct-18	\$ 10	\$ 15	\$ 30	\$ 55											
	24-Oct-18	\$ 10	\$ 15	\$ 30	\$ 55											
	25-Oct-18	\$ 10	\$ 15	\$ 30	\$ 55											
	26-Oct-18	\$ 10	\$ 15	\$ 30	\$ 55			\$ -								\$ 55
				\$ -												
				\$ -												
				\$ -												
					\$ -			\$ -								\$ -
				\$ -												
				\$ -												
				\$ -												
					\$ -			\$ -								\$ -
				\$ -												
				\$ -												
				\$ -												
					\$ -			\$ -								\$ -
				\$ -												
				\$ -												
				\$ -												
					\$ -			\$ -								\$ -
				\$ -												
				\$ -												
				\$ -												
					\$ -			\$ -								\$ -
				\$ -												
				\$ -												
				\$ -												

OFFICE USE ONLY		
ALL FORMS MUST BE TYPED. INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.		PERDIEM
REIMBURSED AHEAD FOR OUT OF RADIUS TRAVEL. RECIEPTS REQUIRED FOR NON PERDIEM EXPENSES INCURRED.		
BUDGET CODE: _____	PROGRAM DIRECTOR INITIAL:	TOTAL COST OF REQUEST <span style="background-color: yellow; padding: 2px;">\$ 2593</span>
SIGNATURE(S) OF SUPERVISOR/ADMINISTRATOR:		
SIGNATURE OF SUPERINTENDENT:  8-20-18		BOARD APPROVAL DATE: _____