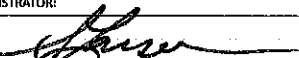


TITLE OF CONFERENCE Vending Technician Training PURPOSE OF CONFERENCE					DESTINATION Clive, Iowa REPORT TO: (CIRCLE ONE) BOARD STAFF TEAM			CHECK ONE IN-RADIUS OUT-RADIUS XX STUDENT TRAVEL OVERNIGHT Y/N # STUDENTS # CHAPERONES FUNDING SOURCE (MARK ONE) Nutrition								
REQUESTS THAT ARE REQUIRED BY 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.																
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								
Carr, Chris	7-Oct-25			\$ 30	\$ 30	Salt Lake City, UT	380	\$ 252.00	\$ 100	\$ 100				\$ 700	\$ 600.00	\$ 617.00
	8-Oct-25		\$ 15	\$ 30	\$ 45											
	9-Oct-25		\$ 15	\$ 30	\$ 45											
	10-Oct-25		\$ 15	\$ 30	\$ 45											
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				\$ 165			\$ 252.00	\$ 100	\$ 100	\$ -	\$ -	\$ -	\$ 700	\$ 600.00		
ALL FORMS MUST BE TYPED. INCOMPLETE TRAVEL REQUESTS WILL BE RETURNED FOR ADDITIONAL INFORMATION.																
BUDGET CODE:		PROGRAM DIRECTOR INITIAL: _____										TOTAL COST OF REQUEST		\$ 1,917.00		
SIGNATURE(S) OF SUPERVISOR/ADMINISTRATOR: _____																
SIGNATURE OF SUPERINTENDENT: 														BOARD APPROVAL DATE		