

**INSTRUCTIONS:**

1. Type or print in ink.
2. Submit signed original Travel Request to Accounting at least ten working days in advance of travel or registration deadline.
3. All signatories should retain a copy for their records.
4. **ESTIMATES ARE REQUIRED FOR ALL REIMBURSABLE EXPENSES**

ASB Travel Request

Name: _____ School/Dept/Position: _____

Destination: _____ Purpose: _____

DURATION OF TRAVEL STATUS

Begin Travel Status: _____ Date: _____ Time: _____

End Travel Status: _____ Date: _____ Time: _____

Special Circumstances: _____

REGISTRATION EXPENSE: (Check One)☐ To be Paid by District in Advance (registration form attached) ☐ Charged To District P-Card☐ To be Paid by Traveler and Submitted for Reimbursement.**TOTAL REGISTRATION EXPENSE**

\$ _____

TRAVEL EXPENSE: (Refer to Business Information Manual for Guidelines)**LODGING:** Number of Nights _____ Approved Maximum per Night \$ _____**TOTAL LODGING**

\$ _____

TRANSPORTATION:Air ☐ Train ☐ Bus ☐

\$ _____

Rental Car

\$ _____

Taxi/Limousine/Shuttle

\$ _____

Personal Vehicle (Estimate Mileage & Parking)

\$ _____

Other: (Describe) _____

\$ _____

TOTAL TRANSPORTATION

\$ _____

MEAL ALLOCATION:

Note: Travel status must begin three (3) hours prior to a meal to establish eligibility for entitlement to such meal. If any meals are provided as part of registration expense, traveler should adjust their Statement of Travel Expenses accordingly.

Total Day Meal Per Diem & Incidentals In-State = \$64 Out-of-State = \$69		Breakfast In-State \$15 Out-of-State \$16	Lunch In-State \$18 Out-of-State \$19	Dinner In-State \$31 Out-of State \$34	Total For Day(s)
First Day/Single Day					\$
Days 2 thru					\$
Final Day _____					\$

TOTAL MEAL ALLOCATION

\$ _____

TOTAL TRAVEL EXPENSE

\$ _____

TOTAL TRIP EXPENSE

\$ _____

Account Code _____

SUBSTITUTE REQUIRED: (Check One) No ☐ Yes ☐ Date(s) _____**APPROVAL**

Employee Signature _____

Date _____

Student Activity Representative _____

Date _____

Activity Advisor _____

Date _____

ASB Treasurer _____

Date _____

Primary Advisor _____

Date _____

Superintendent's Signature _____

Date _____

**Record of Payments
(Accounting Use Only)**

Date	Reference #	Description	Amount
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