

**CONFERENCE/TRAVEL REQUEST FOR STAFF AND/OR STUDENTS**

**Requestor(s)** \_\_\_\_\_ Date of Application: \_\_\_ / \_\_\_ / 20\_\_\_  
**Name/Group** \_\_\_\_\_ School: \_\_\_\_\_  
**Title of Event** \_\_\_\_\_  
**Purpose** \_\_\_\_\_ **Date(s) of Event:** \_\_\_\_\_  
**Venue** \_\_\_\_\_ City/State \_\_\_\_\_

**APPROXIMATE COST:**

**Registration:**

Fees for Registration: \$ \_\_\_\_\_  
 Registration Date: \_\_\_ / \_\_\_ / 20\_\_\_ Confirmation # \_\_\_\_\_  
 \_\_\_ Check here if Transportation Office is to complete the registration process.  
 If payment is being requested, please attach the instructions for the registration process and complete the requisition (on back).

**Transportation:**

School Vehicle Needed? YES / NO  
 Number of Students \_\_\_\_\_ No. of Adults \_\_\_\_\_  
 Departure Date \_\_\_ / \_\_\_ / \_\_\_ Depart Time \_\_\_\_\_  
 Return Date \_\_\_ / \_\_\_ / \_\_\_ Return Time \_\_\_\_\_  
 Required Meal Stop YES / NO  
 Estimated Mileage (for reimbursement on use of personal vehicle) \_\_\_\_\_

\$ \_\_\_\_\_  
**Transportation costs will be determined by the Transportation Office**

Place Date Stamp Here  
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 Place Date Stamp Here

**Substitute(s):** \_\_\_\_\_ @ \_\_\_\_\_ Days (\$100/day) \$ \_\_\_\_\_  
**Food Services:**  
 Number of Sack Lunches \_\_\_\_\_  
 Number of Meals \_\_\_\_\_ at \$ \_\_\_\_\_ / meal \$ \_\_\_\_\_  
**Room:** \_\_\_\_\_ Days x Rate \$ \_\_\_\_\_ \$ \_\_\_\_\_  
**Board:** \_\_\_\_\_ Days x \$25.00/Day \$ \_\_\_\_\_  
**Incidental Costs:** \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL ESTIMATE OF COSTS:** \$ \_\_\_\_\_

**FUNDING:**

	Registration	Transportation	Food	Room
General Fund	_____	_____	_____	_____
PTO	_____	_____	_____	_____
Other (_____)	_____	_____	_____	_____

I certify that the above is an estimate of necessary expenses to be used for the meeting indicated. I also agree that upon return from this meeting I will submit an itemized, verified statement of expenses (with receipts attached for lodging, meals, incidentals, etc.) actually incurred as per the policy of the Reynolds School District.

**APPROVED BY:**

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Supervisor of Transportation      \_\_\_\_ Superintendent's Secretary      \_\_\_\_ Administration Secretary

