CONFERENCE/TRAVEL REQUEST FOR STAFF AND/OR STUDENTS

Requestor(s)]	Date of Application:// 20
Name/Group		School:
Title of Event		_
]	
Venue		City/State
Registration:		APPROXIMATE COST:
Check here if Transportation Of	Confirmation # fice is to complete the registration process. attach the instructions for the registration proce c).	\$
Transportation: School Vehicle Needed? YES /	NO	\$
	No. of Adults	Ψ
Return Date _/ _/ _ Required Meal Stop YES / NO	Depart Time	Transportation costs will be determined by the Transportation Office
	Substitute(s): @Days (\$	
Place Date Stamp Here	\$Food Ser Number of Sack Lunches Number of Mealsat \$/ m	
	Room: _Days x Rate \$	\$\$
Place Date Stamp Here	Board:Days x \$25.00/Day Incidental Costs:	\$\$
	TOTAL ESTIMATE OF COSTS:	\$
FUNDING: Regist General Fund PTO Other ()	ration Transportation Food	Room

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 Transpor	tationSuperin	tendent's Secretary	Administration Secretary
Day to Day Sub: \$105/day	Standing Sub: \$125/day	Extra Assistance: \$120/day	

F	Reynolds S	School District Requisition Form		
Vendor			Date	
ATTN:			Need By	,
Address			Office use	1
City			P.O. #	
Phone			Vendor #	
Fax			ASA	
The Reynolds S employment po	School district does lices	not discriminate on the basis of race, sex, color, handicaps, creed, age,	or national origin of its e	educational or
Quantity	Stock #	Description	Unit price	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Complete wi	th the latest catalo	g information, date, part number, and prices. Also include any special uctions, e.g., Customer pick up vs. delivery	Tota	\$
			Shipping	\$
			Grand total	\$
		Signature		Date

	_	
Requested by		
Supervisor Approval		
Business Manager		
Superintendent		
OFFICE USE ONLY	Budgeted Item:	
	Non Budgeted Item:	