

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

Place Date Stamp Here

Substitute(s): __ @ _____ Days (\$ _____/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

