



# SALMON RIVER CENTRAL SCHOOL DISTRICT

6161F

## TRAVEL REQUEST FORM

PLEASE RETAIN A COPY FOR YOUR RECORDS

Please fill out the shaded areas

For Business Office Use Only

**BUDGET CODE:** \_\_\_\_\_

<b>Vendor #</b>	_____
<b>P.O. #</b>	_____

<b>Traveler's Name:</b>	_____	<b>Destination:</b>	_____
<b>Conference:</b>	_____		

**TRAVEL ITINERARY; LIST ALL DATES, TIMES OF DEPARTURE, RETURN & DESTINATION BELOW:**

**Leaving:** \_\_\_\_\_

**Returning:** \_\_\_\_\_

**PLEASE LIST ALL ANTICIPATED EXPENSES THAT WILL BE INCURRED:**

	<u>ESTIMATED EXPENSE</u>	<u>COMPANY NAME</u>
<b>REGISTRATION</b> (Attach Registration Form)	\$ _____	_____
<b>MEALS</b>		
( _____ Days ) X ( \$80 w/itemized receipts )	\$ _____	SELF
( _____ Miles ) X ( per Board approved rate )	\$ _____	SELF
<b>HOTEL</b> (Attach Hotel Preferences)		
( _____ Nights ) X ( \$ _____ Rate )	\$ _____	_____
<b>MISCELLANEOUS (LIST)</b>		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL</b>	\$ _____	

Cash Advance is requested in accordance to Board Policy

**SCHOOL CAR:**

<input type="checkbox"/> REQUESTING SCHOOL CAR
<input type="checkbox"/> NOT REQUESTING SCHOOL CAR (MILEAGE PAID PER BOARD POLICY)
<b>FOR OFFICE USE ONLY:</b>
<input type="checkbox"/> SCHOOL CAR IS AVAILABLE
<input type="checkbox"/> SCHOOL CAR IS NOT AVAILABLE. PLEASE MAKE ARRANGEMENTS

<b>CLAIMANT'S SIGNATURE:</b>	_____	<b>DATE:</b>	_____
------------------------------	-------	--------------	-------

**APPROVALS:**

<b>DATE:</b>	<b>PRINCIPAL/ADMINISTRATOR:</b>
<b>DATE:</b>	<b>ASSISTANT SUPERINTENDENT:</b>
<b>DATE:</b>	<b>SCHOOL BUSINESS EXECUTIVE:</b>
<b>DATE:</b>	<b>SUPERINTENDENT:</b>