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| **THIS FORM MUST BE SENT TO LUANN BOLTZ AFTER APPROVAL OF BUILDING ADMINISTRATOR** | **NOTE: Any trip more than 100 miles from the school district requires Board approval prior to the trip.** C*ompleted* trip request form **MUST** be submitted to building secretaries on the Monday prior to an ATM meeting which are typically held the second and fourth Thursday of each month. |
| **NORTH EAST SCHOOL DISTRICT****PROFESSIONALTRAVEL/ CONFERENCE REQUEST**(Turquoise) (MUST ADHERE TO POLICY 333)  |
| **EMPLOYEE(S):** |       | **SCHOOL/BUILDING:** |       |
| **DATE OF REQUEST:** |  | **DATE(S) OF ACTIVITY:** |  | **TIME:** |  |
| **CONFERENCE LOCATION:**  |  | **STREET:** |  | **CITY:** |  | **STATE:** |  | **ZIP:** |  |
| **PURPOSE OF TRIP:** |  |
| **EXPENSES** | **PAID BY \*TITLE MONEY, GRANTS, OR PARTICIPANTS** | **List Cost Source****(i.e. \*Title)** | **OR** | **PAID BY DISTRICT** |
| **S****UBSTITUTE(S) #** |    | x |    | Days @ $110 Per day  | = | $ |       | ( |       | ) | $ |       |
| **TRANSPORTATION:** | ***Employee(s) MUST verify availability and cost of school vehicles with the Transportation Dept. at Ext. 1288, if applicable.*** |  |  |  |
| School Vehicle: [ ]  | # Van(s) |       |  |  | $ |       | ( |       | ) | $ |       |
| Personal Vehicle: [ ]  | # of miles: |       | @ | .58.5¢ | = | $ |       | ( |       | ) | $ |        |
| Other: |       | = | $ |       | ( |       | ) | $ |       |
| **ADMISSION/REGISTRATION** |    | Form attached | # |    | x | **$** |       | = | $ |       | ( |       | ) | $ |       |
| **LODGING** |    | Adults | x |    | Nights | x | **$** |       | Per Night | = | $ |       | ( |       | ) | $ |       |
| Name of Hotel: |       |  |  |  |  |  |  |
| **MEALS *(Reimbursed only for full day or longer conferences)*** |  | $ |       | ( |       | ) | $ |       |
| **MISCELLANEOUS** |  |  | $ |       | ( |       | ) | $ |       |
| **Requisition/PO #**  |       |  | **TOTALS** | $ |       | ( |       | ) | $ |       |
| **PLEASE NOTE THE FOLLOWING:** | **Routing Procedures** |
| * It is the employee’s responsibility to submit original to Building Secretary for review
* If requesting a cash advance, Cash Advance Request Form (blue) must be attached
* If registration fee is applicable, Registration Request Form (green) must be attached
* Incurred expenses may be turned into the Business Office after the trip has taken place by completing Reimbursement Request Form (pink)

 **IfTITLE money is being used for a trip you MUST have the Federal Program Coordinator’s signature prior to submitting for approval.** | **1** | **\*Applicant’s Signature:** |  |
| **2** | **\*\*Principal’s Signature:** |  |
| **3** | **Trans. Dept. Signature:** |  |
| **4** | **Fed. Prog. Coord. Signature:** |  |
| **5** | **Business Office MgR. Signature:** |  |
| **6** | **Superintendent’s Signature:** |  |
| \*He/She acknowledges this form is complete and all necessary transportation arrangements have been made. Incomplete forms will be sent back. \*\*He/She acknowledges this form is completed and accurate. |
| **SUMMARY REPORT (to be completed after the trip)***Summarize the professional benefits experienced; feel free to attach additional pages.*  |
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| Teacher Submitting Signature: | Date: |
| Reviewed By Building Principal: | Superintendent’s Signature: |

Revised September, 2021 Approved at Board Meeting on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_