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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_