



IN-STATE OVERNIGHT TRAVEL REQUEST

The South Summit School District Board of Education requires this form be filled out completely by any employee requesting permission for in-state overnight travel for school/district educational purposes. The completed form **must be approved and signed by the building administrator and submitted for the Superintendent's approval ten (10) working days prior to travel.** Please carefully review the voucher, it is different than the normal reimbursement voucher. **All** checks for hotels and per diem will be generated from the District Office. Checks will not be processed without **all** signatures in place. *Employees traveling as a group to the same destination/event, requesting permission for out-of-state travel, must submit one form as a group and include all traveling employees' signatures.*

Name of Employee(s): _____ Current Date: _____

Name of Event: _____

Departure Date: _____ Return Date: _____

Destination: _____ Number of School Days: _____

Number of Students: _____ Number of Certified Staff/Coaches: _____ Number of Approved Chaperones: _____

Reason for Travel Request: _____

Name of Hotel: _____

Street Address: _____

City/Zip: _____

Phone Number: _____

Night Time Supervision: Please explain how students will be supervised while they are staying at the hotel. (There should be 1 approved chaperone for every 10 students. All students are to dress and act according to school policy at all times.)

Approved Chaperones (1 for every 10 students): _____

Emergency Contacts (List two): _____

Name/Cell Phone Number

Name/Cell Phone Number

State Risk Management does not provide comprehensive or collision coverage for an employee's personal vehicle even when used for business purposes. State Risk Management also does not provide primary liability coverage. The mileage reimbursement you receive from the District, in part, is meant to reimburse your purchase of proper insurance coverage.

☐ I plan to take my personal vehicle and hereby certify that I carry the required auto insurance coverage. _____

Signature

Budget from which cost will be paid: _____

(To be completed by the Athletic Director or Principal)

The following signatures support and approve this In-State Overnight Travel Request:

Employee(s): _____ Date: _____

Principal: _____ Date: _____ Athletic/Activity Director: _____ Date: _____

Superintendent: _____ Date: _____

Please complete the reverse side of this form
Revised 7/15/16

Date: _____, 20____

Hotel Payment Request:

Please Make Check Payable to: _____
Name of Hotel

Rooms	Price Per Room	# of Rooms	# of Nights	Total Cost
Student Rooms	x	x	=	\$
Supervisor Rooms	x	x	=	\$
Bus Driver Rooms	x	x	=	\$
Scorekeeper/Manager Rooms	x	x	=	\$
Total Rooms Reserved				
Total Cost				\$

(Please submit hotel receipts to the District Office immediately following your trip)

Account Number Used for Payment _____

Per Diem Request: (Daily per diem is \$41.00 if leaving prior to 7:00 AM and returning after 7:00 PM. No per diem is allowed for meals provided by hotel, conference, or seminar.)

Departure Date and Time: _____ Return Date and Time: _____

Payable to: _____

Meals	Per Diem Rate	# of Meals	Cost Per Person	# of Persons Requesting Per Diem	Total Cost
Breakfast	\$ 9.00	x	\$		
Lunch	\$12.00	x	\$		
Dinner	\$20.00	x	\$		
Total Per Diem Per Person			\$ x	=	\$

Account Number Used for Payment _____

State of Utah)
County of Summit)

The undersigned, being duly sworn, deposes and states that the foregoing account is true and correct and that neither the whole nor any part has been paid.

By: _____ Date: _____

Requesting Coach/Advisor/Employee

Approved: _____ Date: _____

Principal or Supervisor

_____ Date: _____

Superintendent or Business Administrator