

DWIGHT PUBLIC SCHOOLS
TRAVEL REQUEST FORM
(50 ILCS 150 / Local Government Travel Expenses Control Act 99-604)

NAME _____ DATE SUBMITTED _____

EVENT TITLE _____ DATE(S) _____

INCLUSIVE DATES OF ABSENCE _____ DESTINATION _____

WILL YOU REQUIRE A SUBSTITUTE? _____ PERIODS NEEDED _____

<i>FOR OFFICE USE ONLY</i>	<i>ESTIMATED EXPENSES</i>
SUBSTITUTE (Board approved rate)	\$ _____
TRAVEL (IRS rates; Calendar year 2016 - \$0.54)	\$ _____
LODGING (Maximum \$250 per night, single occupancy)	\$ _____
MEALS (Maximum \$10 breakfast; \$15 lunch; \$20 dinner)	\$ _____
REGISTRATION FEES (Maximum \$500)	\$ _____
AIRFARE (Maximum \$650; roundtrip)	\$ _____
OTHER ITEMS (Itemize) (Maximum \$100 parking per day) (Maximum \$25 tolls per day) (Other...)	\$ _____
TOTAL EXPENSES	\$ _____

Please attach a copy of the program pertaining to the conference to this form. Upon your return, please complete and submit a *Travel Expense Voucher* to the Principal.

Request Approved/Not Approved _____ Date _____
Administrator Signature

Reason (Disapproved) _____

District Office Approval _____ Date _____
Superintendent Signature

(Adopted 12/14/16)