## BELLE FOURCHE SCHOOL DISTRICT 9-1 ~ TRAVEL REQUEST ~

Total Number of Days Gone: Substitute Required?	Name	Date	
Nature of Activity (**Please attach a program brochure/agenda to this form.)  Location of Activity	School		
Location of Activity			
Departure Date and Time:	Nature of Activity (Flease attach a program prochure/agenda to	o uns torni.)	
Total Number of Days Gone: Substitute Required?	Location of Activity		
Other School Personnel Attending:  Method of Transportation:	Departure Date and Time: Returning Date and Time:		
Method of Transportation: School Vehicle Riding With Others Air Bus Other:  BUDGET ACCOUNT TO BE CHARGED:  ESTIMATED EXPENSES:  Registration fees/costs (please enclose completed forms) \$	Total Number of Days Gone: Substitute Requ	ired?  Yes  No If yes, dates n	eeded:
Method of Transportation: School Vehicle Riding With Others Air Bus Other:  BUDGET ACCOUNT TO BE CHARGED:  ESTIMATED EXPENSES:  Registration fees/costs (please enclose completed forms) \$	Other School Personnel Attending:		
BUDGET ACCOUNT TO BE CHARGED:  ESTIMATED EXPENSES:  Registration fees/costs (please enclose completed forms) \$			
Registration fees/costs (please enclose completed forms) \$	Method of Transportation:  School Vehicle  Riding With	Others Air Bus Other:	
Registration fees/costs (please enclose completed forms) \$ Lodgingnights @ \$per night \$  #Breakfast @ \$, #Lunch @ \$,  #Dinner @ \$=Total Meals: \$	BUDGET ACCOUNT TO BE CHARGED:		
Lodging nights @ \$ per night \$	ESTIMATED EXPENSES:		OFFICE USE ONLY
#	Registration fees/costs (please enclose completed forms)	\$	
#Dinner @ \$ =Total Meals: \$	Lodging nights @ \$ per night	\$	
Mileage:miles @¢ per mile \$	# Breakfast @ \$	_ ,	
Mileage:miles @¢ per mile \$	# Dinner @ \$ =Total Meals:	\$	
Commercial Transportation \$	Mileage: miles @¢ per mile	\$	
TOTAL ESTIMATED EXPENSES \$			
Please Note: - Principal or Supervisor is responsible for reserving a school vehicle with the Bus Barn Principal or Supervisor is responsible for lodging and/or air reservations (if applicable) Employee is responsible to voucher for meals at state rates upon return from over night travel.  Estimated amount reimbursable by outside agencies:  Approved Disapproved Principal or Supervisor:  Signed  Date	Stipend	\$	
Please Note: - Principal or Supervisor is responsible for reserving a school vehicle with the Bus Barn Principal or Supervisor is responsible for lodging and/or air reservations (if applicable) Employee is responsible to voucher for meals at state rates upon return from over night travel.  Estimated amount reimbursable by outside agencies:  Approved Disapproved Principal or Supervisor:  Signed  Date	Other:	\$	
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□ Approved □ Disapproved Principal or Supervisor:  Signed  Date  Approved □ Disapproved With pay and partial expenses:  Amount	- Employee is responsible to voucher for meals at state r		
Approved Disapproved With pay and partial expenses:  Amount	Estimated amount reimbursable by outside agencies:		
Amount	☐ Approved ☐ Disapproved Principal or Supervisor:	Signed	Date
Superintendent:Signed		Amount	
	Superintendent:	Signod	Data