

# BELLE FOURCHE SCHOOL DISTRICT 9-1

## ~ TRAVEL REQUEST ~

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

Nature of Activity *(Please attach a program brochure/agenda to this form.)* \_\_\_\_\_

Location of Activity \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_ Returning Date and Time: \_\_\_\_\_

Total Number of Days Gone: \_\_\_\_\_ Substitute Required?  Yes  No If yes, dates needed: \_\_\_\_\_

Other School Personnel Attending: \_\_\_\_\_

Method of Transportation:  School Vehicle  Riding With Others  Air  Bus  Other: \_\_\_\_\_

**BUDGET ACCOUNT TO BE CHARGED:** \_\_\_\_\_

**ESTIMATED EXPENSES:**

OFFICE USE ONLY

Registration fees/costs (please enclose completed forms) \$ \_\_\_\_\_

Lodging \_\_\_\_\_ nights @ \$ \_\_\_\_\_ per night \$ \_\_\_\_\_

# \_\_\_\_\_ Breakfast @ \$ \_\_\_\_\_, # \_\_\_\_\_ Lunch @ \$ \_\_\_\_\_,

# \_\_\_\_\_ Dinner @ \$ \_\_\_\_\_ =Total Meals: \$ \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ ¢ per mile \$ \_\_\_\_\_

Commercial Transportation \$ \_\_\_\_\_

Stipend \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**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*

Approved  Disapproved With pay and partial expenses: \_\_\_\_\_  
*Amount*

Superintendent: \_\_\_\_\_  
*Signed* *Date*

**PLEASE SUBMIT TO CENTRAL OFFICE**