|  |  |
| --- | --- |
| EMPLOYEE NAME: |  |
| DATE(S) OF EVENT: |  |
| JOB TITLE/LOCATION: |  |

|  |  |
| --- | --- |
| TITLE OF PROGRAM: |  |
| PROGRAM LOCATION: |  |
| BOARD OF EDUCATION DATE OF APPROVAL |  | REGISTRATION COST(If paid by employee): | $ |
| LODGING | # of nights: \_\_\_\_\_\_\_\_ X $\_\_\_\_\_\_\_\_\_ per night = \_\_\_\_\_\_\_\_\_\_ | Total Lodging | $ |
| MEALS/INCIDENTALS | Federal per diem travel rates for approved overnight travel can be found at [www.gsa.gov](http://www.gsa.gov). Attach copy for your destination. | Total Meals/Incidentals | $ |
| TRANSPORTATION | Totals miles: \_\_\_\_\_\_ X $0.31cents per mile = \_\_\_\_\_\_\_\_ Tolls/Parking $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Airfare (3 quotes) $\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Travel Cost | $ |
| **TOTAL REGISTRATION, LODGING, MEALS, INCIDENTALS and TRANSPORTATION COST:****Receipts must be provided for reimbursement.** | $ |

Original receipts attached Justification report attached.

Budget Expense Account Number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fund** | **Program** | **Function** | **Object** | **Location** | **Subject** | **Purchase Requisition Number** |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| EMPLOYEE’S SIGNATURE: |  | DATE: |  |
| SUPERVISOR: |  | DATE: |  |
| BUSINESS ADMINISTRATOR: |  | DATE: |  |