

TRAVEL REQUEST FORM

Requests for travel must be submitted on a district approved travel request form #6213F in advance of any travel outside the district. Upon the approval of a request by the Superintendent, the request form will be distributed to the appropriate departments. The white original will be submitted to the Business Office, the yellow retained by the Superintendent, the pink retained by the Principal or Supervisor, and the gold copy kept by the employee.

When travel is authorized, it is assumed the most economic method of travel will be reimbursed. In the event an employee chooses an alternate method of travel, such as driving versus air, the district will reimburse for the most economical method of travel. Reservations may be made through the Purchasing Agent at hotels or motels if they accept a school district purchase order.

REIMBURSEMENT OF CLAIMS

1. Reimbursement of claims must be submitted immediately following completion of travel.
2. Reimbursement requires that claims be submitted by mid-month to the District Business Office in order to be paid by the end of the month.
3. Monthly mileage reimbursement is to be submitted each month for reimbursement. The claim must show the point of departure and the destination.

REIMBURSEABLE EXPENSES

<i>Expense</i>	<i>Allowance</i>	<i>Receipt</i>
1. Lodging	Reasonable or Customary	Required
2. Meals	Per Diem	Not Required
3. Airline	Tourist Rate	Required
4. Train	Tourist Rate	Required
5. Bus	Reasonable or Customary	Required
6. Taxi or Limousine	Reasonable or Customary	Preferred
7. Car Rental	Reasonable or Customary	Required
8. Parking	Reasonable or Customary	Preferred
9. Ferry or Toll	Reasonable or Customary	Preferred
10. Registration	Reasonable or Customary	Required

MEALS

If an employee is required to attend a meeting at which school business is conducted, and their attendance is required by the school principal or immediate supervisor, meal expenses may be reimbursed. Generally, these conditions must be met:

- a. School business is conducted at the meeting.
- b. The principal or supervisor required the employee's attendance.
- c. The selection of this time and place is in the best interest of the school district.

Meals are reimbursed at Per Diem Schedule rates as specified in Administrative Procedure 6213 AP.

MILEAGE, PERSONAL VEHICLE – INSIDE SPOKANE COUNTY

Authorization for travel in Spokane County may be approved by administrators for themselves or their staff. Reimbursement shall be set by the Board of Directors each year in accordance with Policy No. 6213.

MILEAGE, PERSONAL VEHICLE – OUTSIDE SPOKANE COUNTY

Authorized only in connection with an approved travel request and at the rate per mile set by the Board of Directors in accordance with Policy No. 6213.

HOTEL AND MOTEL EXPENSES

Receipts are required from each employee who obtains reimbursement from the district. Reimbursement shall be at a single occupancy rate.

AIRLINE TICKETS

Airline tickets shall be reimbursed at coach rate and may be charged directly to the district through a local travel agency. Such arrangements may be made through the Purchasing Agent by issuing a purchase order, or by use of the procurement card. In the event an employee arranges his own ticket(s), the cost shall not exceed the purchase if made by the district.

TRAVEL ADVANCE

1. Travel advances for travel may be issued to employees upon approval of their travel requests. Such requests must be submitted in writing to the Manager of Business Services.
2. Travel advance checks to employees shall not be issued earlier than one week prior to departure.
3. A reconciliation of the advance received and expense receipts must be made by the recipient of the advance to the Business Office within ten (10) days of their return.

NONREIMBURSEABLE EXPENSES

1. Alcoholic beverages.
2. Personal telephone calls unrelated to school business.
3. Mileage to and from home to regular work site.
4. Mileage for school levy promotions and other non-school business functions.



Travel Request Form

Taxable Meal
(Indicate with a ✓)

ACCOUNT CODE:

001/_____/5_____/8/XX_____
PROGRAM # Activity #

Name _____ Date request submitted _____

Building _____ Grade or Subject _____

The meeting I wish to attend is _____

Place _____ Date(s) _____

- FOR PER DIEM MEALS-

Departure: Date & Time _____
Return: Date & Time _____

Mode of Transportation: (check one)
 Car Train Bus Air

ESTIMATED COSTS

Check box to request a travel advance

1. Cost of meals for _____ \$ _____
 _____ days
2. Cost of lodging for _____ \$ _____
 _____ days
3. Mileage if by auto _____ \$ _____
 _____ miles x _____ rate
4. Cost of registration _____ \$ _____
5. Cost of other _____ \$ _____
 transportation (air, bus,
 train, etc.)
6. Miscellaneous expenses \$ _____

TRAVEL TO BE CHARGED TO: (check one)

- District
 Federal/State Program

Name of Program

Other _____
Who do we bill?

Is a substitute necessary? YES NO
If yes, what date(s): _____

TOTAL \$ _____

Purpose of the meeting is _____

If in the field of improvement of instruction, how will the delegate use this conference and/or meeting to improve instruction in this district?

(answer this question **ONLY** if in the field of improvement of instruction)

It is expected that the attached conference report form be completed and submitted to the curriculum department within *ONE WEEK* after return from the approved travel.

Principal's comments: _____

Superintendent's comments: _____

Travel request approved: YES NO Date(s) _____

FOR OFFICE USE ONLY

Check # _____
AMOUNT _____
DATE _____
CLAIM DUE _____

FOR OFFICE USE ONLY

By _____
 CURRICULUM
 VOCATIONAL
 WIAA
 ADMINISTRATION
 PROFESSIONAL ORGANIZATION

White: Business Office
Yellow: Superintendent
Pink: Principal/Supervisor
Gold: Employee