

Pre-Travel Request & Post-Travel Reimbursement Form

This pre-travel request must be submitted to the Superintendent's office at least 14 days prior to travel.

If out of state travel (excluding Portland), must be submitted to the Superintendent's office at least 14 days prior to the Board of Director's meeting.

<u>Person Traveling</u>			<u>Accounts to be Charged</u>		
Name	_____		Registration	_____	
Job Title	_____		Lodging	_____	
School	_____		Travel/Meals	_____	
Destination	Reason For Travel or Name of Training	Date	Substitute	_____	
You may list up to 6 trainings if there are multiple dates, or trainings are at the same location.			Other	_____	
1			Substitute Needed	YES	NO
2					
3			Means of Travel	District Car	Private Car
4				Other	_____
5					
6					

<u>Approved By</u>	<u>Signature</u>	<u>Date</u>	<u>Estimated Expenses</u>		
1. Applicant	_____	/	Registration	\$	_____
2. Supervisor	_____	/	Lodging	\$	_____
3. Fiscal Director	_____	/	Meals	\$	_____
4. Superintendent	_____	/	Travel	\$	_____
5. Board Approval	_____	/	Other	\$	_____

Reimbursement Request: LOWER SECTION TO BE FILLED OUT AND SUBMITTED AFTER TRAVEL IS COMPLETED

- All travel vouchers must be returned within **10 days** after travel is completed.
- Receipts for plane, bus, train, taxi fares, ferry, toll bridges, lodging expenses, registration fees, supplies and meals.
- If per diem is used for meals, no meal receipts are needed. See per diem rate at <http://www.ofm.wa.gov/resources/travel.asp> or Board Policy #6213

Please Fill In The Appropriate Fields Below For Any Reimbursement That You Are Requesting

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Date						
Breakfast	\$					
Lunch	\$					
Dinner	\$					
Lodging	\$					
Registration	\$					
Other _____	\$					
TOTAL	\$					
# of Miles Driven						
TOTAL (official use only)						

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me, and that no payment has been received by me on account thereof.

/	/	/	/	
Date	Applicant's Signature	Title	Date	Supervisor's Approval