

RUNGE INDEPENDENT SCHOOL DISTRICT
TRAVEL REQUEST / EXPENSE FORM

Traveler Information

Name: _____

Campus/Department: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Event Information

Title: _____

Description/Purpose: _____

Destination: _____

Start Date: _____ Time: _____

End Date: _____ Time: _____

Expenses

Registration Fee \$ _____
Please attach registration information.

Lodging \$ _____
Not to exceed Comptroller's lodging rates

Meals \$ _____ *(Breakfast \$10; Lunch \$12; Dinner \$18 (excluding conference meals))*

Personal Vehicle \$ _____ *Calculated using www.mapquest.com*
Number of miles _____ x \$0.625 / per mile

Airfare \$ _____ *To be purchased by traveler, reimbursed upon return*

Taxi/Toll/Parking/Other \$ _____ *Receipts required - valet parking is not reimbursable*

Authorization

Employee Signature: _____ Date: _____

Principal/Director Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

TRAVEL IS NOT APPROVED UNTIL YOU HAVE RECEIVED CONFIRMATION OF THIS FORM WITH THE SIGNATURE OF THE SUPERINTENDENT.

Authorization

1. All travel must follow the approved administrative guidelines for district travel.
2. Employees must ensure funds are available prior to requesting permission to travel.
3. Advance requests must be received and approved by the superintendent a minimum of 14 days prior to trip departure.
4. A brochure with conferences dates, times, and agenda must be attached to this form.
5. Actual receipts are required for all expenses.
6. Requests for reimbursement must be submitted to the superintendent within 30 calendar days of travel.
7. Per diem meal allowance is only permitted for trips that require an overnight stay.
8. Employees shall be responsible for reimbursing the District for any unauthorized charges upon return from travel.