

TRAVEL REQUEST FORM

Mercer Island School District

A travel request form must be completed before traveling overnight on District business whenever expenses are to be charged to the District, either directly or through reimbursement.

Print Name: _____ School/Dept: _____

Destination: _____ Purpose: _____

DURATION OF TRAVEL STATUS

Begin Travel Status: Date: _____ Time: _____

End Travel Status: Date: _____ Time: _____

REGISTRATION EXPENSE: (Mark One) Please attach a copy of conference registration/ schedule

Total Registration Expense \$ _____

To be paid by District (PO or credit card) Paid by Staff and will request reimbursement

TRAVEL EXPENSE: (Refer to Staff Travel Reimbursement Procedures for Guidelines)

LODGING: Number of Nights _____ Rate per night \$ _____
Prepaid by PO, check or district credit card **LODGING \$** _____

METHOD OF TRANSPORTATION:

Airline Train Bus \$ _____
Rental Car \$ _____
Taxi/limousine \$ _____
Personal Vehicle Mileage (miles x \$.535/mile) \$ _____
Other (Describe): _____ \$ _____

TRANSPORTATION \$ _____

MEAL ALLOCATION:

Note: Travel must begin three (3) hours prior to meal to establish eligibility for entitlement.
Do not include meals provided as part of registration.

Mark (X) **either** ACTUAL EXPENSE **or** PER DIEM (Breakfast \$10; Lunch \$14; Dinner \$25) for meals
(If select actual expense, you must submit all itemized receipts with expense claim)

PER DIEM ACTUAL EXPENSE _____ **MEALS \$**

TOTAL ESTIMATED TRAVEL EXPENSE \$ _____

Employee Signature *Date* Account Code _____

(To request a travel advance, please send the completed **Request for Travel Advance Form** to the Business Office. You can download a copy from the district website.)

APPROVAL

Supervisor Signature *Date* *Superintendent* *Date*