

**Out of District Travel Request Form**

Name \_\_\_\_\_  Employee  Board Member  Other, as specified \_\_\_\_\_

School/Work Site \_\_\_\_\_ Conference/Workshop \_\_\_\_\_

Date(s) \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Rationale for Attendance: \_\_\_\_\_  
\_\_\_\_\_

**Estimated Mileage** Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Mileage will be reimbursed at the rate approved by the Commonwealth of Kentucky Finance and Administration Cabinet.

**Substitute Required?**  No  Yes Number of Days \_\_\_\_\_

**Registration Reimbursement**  No  Yes Amount: \_\_\_\_\_  
(Receipt Required)

**Lodging Reimbursement**  No  Yes Amount per night \_\_\_\_\_  
(Receipt Required)

The District will not reimburse for lodging expenses for guests/traveling companions.

**Meals Reimbursement**  No  Yes

Meals are only reimbursed for overnight stays at \$30 per diem (receipts not required). Meal limits include gratuities.

Receipts required for all other expenditures. Other \$ \_\_\_\_\_

**Expenses paid by:**  School SBDM/PD  Board  Special Education  KEA  Co-Op  
 Individual  Other, as specified \_\_\_\_\_

**Payment Code:** \_\_\_\_\_

After Conference, turn in Travel Request Form with expenses for Registration, Lodging, Meals, and other related charges on a Travel Reimbursement Form and attach receipts, as appropriate within one (1) week of travel.

\*School paid travel to be signed/approved by Principal (prior to travel).

\*District paid travel to be signed by District Administrator (prior to travel).

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Superintendent/Designee* \_\_\_\_\_  
*Date*

**FOR CENTRAL OFFICE USE ONLY – IF PAID BY BOARD, SPECIAL EDUCATION, KEA OR CO-OP**

**Use this payment code(s):** \_\_\_\_\_

**RELATED PROCEDURE:**

04.31 AP.2 (District procurement cards)

Review/Revised:2/16/2017