

THIS FORM MUST BE SENT TO THE BUSINESS OFFICE FOLLOWING BUILDING ADMIN APPROVAL

NOTE: Any trip more than 100 miles from the school district requires Board approval prior to the trip. Completed trip request form MUST be submitted to building secretaries on the Monday prior to an ATM meeting which are typically held the second and fourth Thursday of each month.

**NORTH EAST SCHOOL DISTRICT
PROFESSIONAL TRAVEL/ CONFERENCE REQUEST**

(Turquoise)

(MUST ADHERE TO POLICY 333)

EMPLOYEE(S):			SCHOOL/BUILDING:		
DATE OF REQUEST:		DATE(S) OF ACTIVITY:		TIME:	
CONFERENCE LOCATION:		STREET:		CITY:	STATE:
ZIP:					
PURPOSE OF TRIP:					
EXPENSES			PAID BY *TITLE MONEY, GRANTS, OR PARTICIPANTS	List Cost Source (i.e. *Title)	OR
PAID BY DISTRICT					
SUBSTITUTE(S) #	x	Days @	\$150	Per day	= \$
					()
					\$
TRANSPORTATION: Employee(s) MUST verify availability and cost of school vehicles with the Transportation Dept. at Ext. 4288, if applicable.					
School Vehicle:	<input type="checkbox"/>	# Van(s)			\$
Personal Vehicle:	<input type="checkbox"/>	# of miles:	@	.67¢	= \$
					()
					\$
ADMISSION/REGISTRATION	Form attached	#	x	\$	= \$
					()
					\$
LODGING	Adults	x	Nights	x	\$
					Per Night = \$
					()
					\$
Name of Hotel:					
MEALS (Reimbursed only for full day or longer conferences)			Daily Limit \$40.00; 1 st & last day limit \$30.00	\$	()
					\$
MISCELLANEOUS					
				\$	()
					\$
Requisition/PO #	TOTALS				\$
					()
					\$

PLEASE NOTE THE FOLLOWING:

- ✓ It is the employee's responsibility to submit original to Building Secretary for review
- ✓ If requesting a cash advance, Cash Advance Request Form (blue) must be attached
- ✓ If registration fee is applicable, Registration Request Form (green) must be attached
- ✓ Incurred expenses may be turned into the Business Office after the trip has taken place by completing Reimbursement Request Form (pink)

If TITLE money is being used for a trip you MUST have the Federal Program Coordinator's signature prior to submitting for approval.

ROUTING PROCEDURES	
1	*APPLICANT'S SIGNATURE:
2	**PRINCIPAL'S SIGNATURE:
3	TRANS. DEPT. SIGNATURE:
4	FED. PROG. COORD. SIGNATURE:
5	BUSINESS OFFICE MGR. SIGNATURE:
6	SUPERINTENDENT'S SIGNATURE:
*He/She acknowledges this form is complete and all necessary transportation arrangements have been made. Incomplete forms will be sent back. **He/She acknowledges this form is completed and accurate.	

SUMMARY REPORT (to be completed after the trip)
Summarize the professional benefits experienced; feel free to attach additional pages.

Teacher Submitting Signature:	Date:
Reviewed By Building Principal:	Superintendent's Signature:

Revised January 2024

Approved at Board Meeting on: _____

ON COMPLETION OF TRIP PLEASE SUMMARIZE, OBTAIN YOUR PRINCIPAL'S APPROVAL AND RETURN THIS FORM TO SUPERINTENDENT'S OFFICE