

LAKE STEVENS SCHOOL DISTRICT
WORKSHOP/OBSERVATION/TRAVEL REQUEST FORM
Out of State Travel

Date of Request: _____

Name¹: _____

School/Dept: _____

Location: _____

Date(s): _____

Departure Date & Time: _____

Return Date & Time: _____

Purpose/Objective: _____

Estimated Costs

Registration - 7330 *attach registration information* \$ _____

Lodging² - 8581 _____ # nights x \$ _____ approved maximum/night \$ _____

Mileage - 8580 _____ # personal vehicle miles x \$ _____ IRS rate/mile \$ _____

Public Carrier - 8580 Air Train Bus \$ _____

Rental Car - 8580 _____ # days x \$ _____ /day \$ _____

Parking - 8580 _____ # days x \$ _____ /day \$ _____

Miscellaneous - 8580 Taxi Limo Shuttle Ferry Rideshare \$ _____

Other - 8580 *describe* _____ \$ _____

describe _____ \$ _____

Substitute – _____ # days substitute required x \$ _____ /day \$ _____

212X or 312X

_____ date(s) substitute needed

Meals² - 8580 *use chart below - exclude meals provided in registration* \$ _____

Date(s)						Total
Breakfast						
Lunch						
Dinner						
Total						

Per LSEA CBA 7.07.C, \$43.46/day meal reimbursement limit.

TOTAL³ \$ _____

¹ see back for multiple travelers

² refer to www.gsa.gov for reasonable rates for location

Multiple Travelers:

Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____
 Name: _____ School/Dept: _____ \$ _____

TOTAL³ \$ _____



Approval

Principal/Department Head	Date	Comments
Administrator	Date	Comments
Superintendent	Date	Comments

Account Code: _____ \$ _____
 Account Code: _____ \$ _____
 Account Code: _____ \$ _____
 Account Code: _____ \$ _____
 Account Code: _____ \$ _____
 Account Code: _____ \$ _____
 Account Code: _____ \$ _____
 Account Code: _____ \$ _____

TOTAL³ \$ _____

³ totals should match

LAKE STEVENS SCHOOL DISTRICT
WORKSHOP/OBSERVATION/TRAVEL REQUEST FORM
Out of State Travel

Instructions: *please print*

1. Submit completed Request Form to Principal/Department Head **45 days in advance** of travel or registration deadline.
2. Request Form is approved by **both** the Principal/Department Head and an Administrator.
Request Form is also approved by the **Superintendent** and the **Board** is informed.

Approval or denial will be based on the following criteria:

- Cost and availability of funds.
 - Anticipated benefits and effect on the educational program for students.
 - Dissemination plan to other staff members.
 - Attendance required by state or regulatory agencies.
 - Availability of substitutes.
 - Recent workshops/observations/travel by the individual.
3. Request Form (*with travel approval/denial*) is returned **7 days prior** to travel or registration deadline.
 4. Contact Fiscal Coordinator if any workshop/observation/travel costs should be billed to another agency.
 5. Attach approved Request Form to any Travel Expense Voucher and/or original itemized receipts submitted.

See Travel Policy No. 3050

Guidance:

Request Form is required for out of state travel *only*.

Reimbursement for all workshop/observation/travel expenses shall be made pursuant to the submission of a Travel Expense Voucher. The basis for the reimbursement will be the actual reasonable costs associated with the workshop/observation/travel per original itemized receipts (*when possible for parking*).

Transportation costs will be reimbursed at the most economical rate.

Reimbursement exclusions:

- Expenditures not incurred by the individual
- Commuter mileage to and from home
- Mileage for school levy promotions and other unofficial school functions
- Meals provided in registration
- Gifts, cleaning, guests, entertainment and items of a personal nature
- Alcohol and tobacco products
- Citations (*parking, speeding, etc.*)