

LOCAL _____

GRANT _____
(specify fund)

TRAVEL REQUEST FORM

GRANT YEAR _____

Radford City Schools

Initial _____

Prior to travel, this form is to be pre-submitted to your immediate supervisor. If approved, the request must then be submitted to the Superintendent for final authorization. If authorization is granted, this original form must be re-submitted with **all itemized receipts** in the exact amount claimed. If a room is shared, each person should specify the amount due him/her. For registration fees, a copy of a cancelled check and/or paid receipt listing your name is required. **Employees who are traveling must prepay for ALL expenses & request reimbursement within 30 days of the date of travel.** If this travel request is for a student field trip, the field trip form must be attached. Please make a copy for your records.

Name (please print): _____

Grade _____ **Teaching Subject** _____ **School:** _____

Conference Title: _____
You must attach a copy of the written conference or meeting announcement, if available.

Number of days missed from this school year for Professional Development _____

Travel Date(s): _____ **Conference Location:** _____

Hotel (if applicable): _____

Number of Students Traveling: _____ **Type of Travel:** ___ Elective ___ Non-Elective

EXPENSES	REQUEST FOR AUTHORIZATION		CLAIM FOR REIMBURSEMENT	
	Number	Anticipated Cost	Number	Actual Cost
<i>REFER TO GUIDELINES</i>				
Mileage (from work to destination)	x .30		x .30	
Meals (overnight stay only, max. \$25 per day)	_____ Days		_____ Days	
Night's Lodging (max. \$150 per night, including taxes)	_____ Days		_____ Days	
Registration Fee				
Parking (max. \$10 per day with receipt/max. \$5 per day w/o receipt)	_____ Days		_____ Days	
Other Expenses (specify below)				
Substitute required YES NO	_____ Days		_____ Days	
TOTAL EXPENSES				

Authorization Signatures:

Reimbursement Signatures:

Employee Date _____

Employee Date _____

Immediate Supervisor Date _____

Superintendent Date _____

Superintendent Date _____

PO# _____

CODE _____

Check list and guidelines for travel

Please note, no expenses will be reimbursed if not submitted within 30 days of the date of travel

Attach:

- The original travel request form with all signatures to the Superintendent
- Agenda of the conference
- Google directions from work to destination and back
- Paid Itemized Receipts, if applicable
- Student field trip form, if applicable

Paid Itemized Receipts and/or cancelled checks, if applicable:

- Mileage, must match the Google directions
- Lodging
- Registration fee
- Parking fee
- Gas

Guidelines

- Hotel accommodations are only allowed for distances exceeding 60 miles from your work destination
- Meals are only provided with overnight conferences, receipts for this are no longer required
- Anything, above and beyond the allotted max. guidelines, will not be reimbursed from the school system

Please keep copies for your records; this will not be provided by the SBO