

Platte County School District #1
Travel/Professional Development Request & Expense Reimbursement
Attach Conference Itinerary

Section 1 (Travel/Professional Development Request)

Information

Name: _____ Date Submitted: _____
 Conference/Workshop Title: _____ Destination(City/State) _____
 Departure(Date/Time) _____ Return(Date/Time) _____
 Please explain how this will impact student learning: _____

 How will you share what you have learned? _____

Costs

Registration	\$
Lodging	\$
Substitute (\$120/day)	\$
Air Travel (Including Flight, Bags, Airport Parking)	\$
Total Registration/Lodging/Substitute Costs	\$

Section 2 (Expense Reimbursement)

Mileage

I will be using a staff vehicle (Y or N) _____ No mileage claimed, I traveled with _____
 A staff vehicle is not available, I am taking a privately owned vehicle (Y or N): Miles _____ @ state approved rate.
 A staff vehicle is available, but I am choosing to use my privately owned vehicle (Y or N): Miles _____ @ state approved rate.
Total Mileage Cost: \$ _____

Meals & Incidentals

For per diem travel allowances and additional guidelines, please go to [Travel resources | GSA](#) (Standard WY rates shown below).

SINGLE OR MULTI-DAY TRAVEL	DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL
SINGLE DAY TOTAL ALLOWANCE						
MULTI-DAY 1 ST Day/Last Day CALCULATED @ 75%						
Full Days						
Total Meal & Incidental Estimated Costs						

Total Reimbursement (Mileage + Daily Totals) \$ _____

Approved By

Signature of Claimant	Principal/Director Signature
Superintendent	Grant Coordinator
Business Manager	Funding Code