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)*	$
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_____ @$0.67

A staff vehicle is available, but I am choosing to use my privately owned vehicle(Y or N): Miles_____@ $0.47

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 *WY DAILY RATE*	DATE	BREAKFAST *$ 16*	LUNCH *$ 19*	DINNER *$ 28*	INCIDENTALS *$ 5*	DAILY TOTAL *$ 68*
SINGLE DAY TOTAL ALLOWANCE						
MULTI-DAY 1ST DAY CALCULATED @ 75%						
DAY 2						
DAY 3						
DAY 4+						
LAST DAY CALCUATED @ 75%						
					Total Meal & Incidental Estimated Costs	$

Total Reimbursement (Mileage + Daily Totals) $_____

Approved By

Signature of Claimant	**Principal/Director Signature**
Superintendent	**Grant Coordinator**

**Please refer to Policy GCBD-R for guidance

Business Manager	Funding Code

**Please refer to Policy GCBD-R for guidance