Platte County School District #1

Travel/Professional Development Request & Expense Reimbursement

Attach Conference Itinerary

Section 1 (Travel/Profession	nal Developm	ent Request)						
Information				ı	Data Suhm	sittad:		
Name:Conference/Workshop Title:								
Departure(Date/Time)								
Please explain how this will im		arning:						
How will you share what you h	ave learned?							
Costs								
Registration						\$		
Lodging						\$		
Substitute (\$120/day)						\$		
Total Registration/Lodging/Substitute Costs \$								
Section 2 (Expense Reimbu Mileage I will be using a staff vehicle (Y A staff vehicle is not available, A staff vehicle is available, but	or N) I am taking a pr	ivately owned ve	ehicle(Y or N	I): Miles	s	@\$0.67 @ \$0.47	st: \$_	
Meals & Incidentals						iotai ivilleage Co	st: \$	
For per diem travel allowances and additional	guidelines, please go to	<u>Travel resour</u>	ces GSA	(Standard WY rates shown	n below).			
SINGLE OR	DATE	BREAKFAST	LUNCH	DINNER		INCIDENTALS	DAILY TOTAL	
MULTI-DAY TRAVEL WY DAILY RATE		\$ 16	\$ 19	\$ 28		\$ 5	\$ 68	
SINGLE DAY TOTAL ALLOWANCE								
MULTI-DAY 1 ST DAY CALCULATED @ 75%								
DAY 2								
DAY 3								
DAY 4+								
LAST DAY CALCUATED @ 75%								
				Total Meal	& Incidenta	al Estimated Costs	\$	
		Tot	tal Reimburs	sement (Mileage +	- Daily Tota	als) \$	· · · · · · · · · · · · · · · · · · ·	
Approved By						,		
Signature of Claimant				Principal/Director Signature				
Superintendent				Grant Coordinator				

^{**}Please refer to Policy GCBD-R for guidance

Business Manager	Funding Code