Platte County School District #1

Travel/Professional Development Request & Expense Reimbursement

Attach Conference Itinerary

Section 1 (Travel/Profession	al Developr	ment Request)					
Information							
Name:				Date Submitted:			
Conference/Workshop Title:							
Departure(Date/Time) Please explain how this will imp							
Please explain flow this will imp	act student i						
How will you share what you ha	ve learned?						
Costs							
Registration				\$			
Lodging					\$		
Substitute (\$120/day)						\$	
Air Travel (Including Flight, Bags, Airport Parking)						\$	
Total Registration/Lodging/Substitute Co						·	
					<u> </u>		
Section 2 (Expense Reimbur Mileage I will be using a staff vehicle (Y of A staff vehicle is not available, I	or N) am taking a p	orivately owned ve	hicle (Y or N): N	1iles	@\$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 g	DATE	b to <u>Travel resources GSA (S</u> BREAKFAST	Standard WY rates show	vn below). DINNER	INCIDENTALS	DAILY TOTAL	
MULTI-DAY TRAVEL	DAIL	BILLAKIASI	Lower	DINNER	INCIDENTALS	DAILI TOTAL	
WY DAILY RATE		\$ 13	\$ 15	\$ 26	\$5	\$ 59	
SINGLE DAY TOTAL ALLOWANCE							
MULTI-DAY 1 ST Day/Last Day CALCULATED @ 75%							
Full Days							
,							
				Total Meal & I		·s ·	
				Total Mean & I	Toruchitan Estimated Gost		
		т	otal Reimburse	ment (Mileage +	Daily Totals) Ś		
Approved By		•		cage			
Signature of Claimant				Principal/Director Signature			
Superintendent				Grant Coordinator			
Business Manager				Funding Code			

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