

# Washakie County School District No. 2

## TRAVEL REQUEST Per Diem

### SECTION 1 (TRAVEL REQUEST)

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Destination (City/State): \_\_\_\_\_ Conference / Workshop Title: \_\_\_\_\_

Departure (Date/Time): \_\_\_\_\_ Return (Date/Time): \_\_\_\_\_

Please explain how this will impact student learning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEALS AND INCIDENTALS:

SINGLE OR MULTI-DAY TRAVEL	DATE	BREAK- FAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL
SINGLE DAY Total Allowance						
MULTI DAY 1st Day, Calculated @ 75%						
2						
3						
4						
Last Day Calculated @ 75%						

TOTAL REIMBURSEMENT \$ \_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Principal / Director Signature \_\_\_\_\_

Central Office / Grant Manager Signature \_\_\_\_\_