

White Copy: Administrator
 Canary: Employee
 Pink Copy: Admin./Business Ofc.

COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT OUT OF DISTRICT TRAVEL REQUEST

Name: _____ Department: _____ Date of Request: _____
 Date of Travel: _____ Destination: _____
 Purpose of Travel: _____
 Telephone Number at Which You Can Be Reached: _____
 Others Traveling With You: _____ (NOTE: Each person must complete a travel request.)

	<u>ESTIMATED COST</u> <small>(Fill out prior to trip. Include prepaid items.)</small>	<u>ACTUAL COST</u> <small>(Fill out after trip. Include prepaid items.)</small>	<u>PLEASE CHECK ONE</u>	
TRANSPORTATION			<u>Prepaid</u> <u>by District</u>	<u>Paid by</u> <u>Traveler</u>
Mileage				
<input type="checkbox"/> Requested & Used Company Car (no mileage)				
<input type="checkbox"/> Requested Company Car, but It Was Unavailable: IRS Rate x _____ miles	\$ _____	\$ _____		<input type="checkbox"/>
<input type="checkbox"/> Declined Company Car: ½ IRS Rate x _____ miles	\$ _____	\$ _____		<input type="checkbox"/>
Airline	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (cab fare, bridge, etc.)	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
LODGING				
____ Nights @ \$ _____/Night	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
MEALS				
____ Breakfast(s) @ \$9.00	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
____ Lunch(es) @ \$13.00	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
____ Dinner(s) @ \$24.00	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
REGISTRATION FEES	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL REQUESTED	\$ _____	\$ _____		
		\$ _____		
			TOTAL SPENT <small>(Including district prepaid items)</small>	
			REIMBURSABLE COSTS <small>(Only costs paid by traveler)</small>	
ADVANCE REQUESTED? <input type="checkbox"/> ADVANCE AMOUNT: \$ _____ ➡		\$ _____	MINUS ADVANCE <small>(If applicable)</small>	
<small>(Box <u>MUST</u> be checked if you are requesting an advance.)</small>		\$ _____	REIMBURSEMENT REQUESTED <small>(Reimbursable costs minus advance.)</small>	
Budget funds are available through account #: _____				

TRAVEL REQUEST/APPROVAL SIGNATURES: (Must be obtained prior to trip.)

Traveler's Signature	Date	
Department Administrator's Signature	Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Superintendent's Signature (if applicable*)	Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

PAYMENT AUTHORIZATION

Business Office: Please reimburse traveler for expenses incurred.

Authorizing Administrator: _____
(Please Initial)

Date: _____

Amount: \$ _____
(If different from Total Reimbursement Request listed above.)

***Reimbursement for travel outside the Upper Peninsula of Michigan must have prior approval by the Superintendent and Board of Education.**

Instructions: If **MEALS** are included in conference, deduct from your meal allowance. Estimate your meal allowance at the following rates: Breakfast: \$9.00; Lunch: \$13.00; Dinner: \$24.00; Total: \$46.00. (NOTE: Documentation for meals is needed only if meals go over the \$46.00 allowance.) Reimbursement for actual reasonable meal costs over the \$46.00 will be adjusted upon resubmission of the canary and pink copies of this form when you return from your trip. **IMMEDIATELY** upon your return, fill out the actual costs incurred, attach your receipts, and resubmit to your supervisor. There will be **NO TRAVEL ADVANCES UNDER \$100.00** unless there is an emergency or unusual circumstance. Also, all Travel Advances must be submitted to and signed by the Superintendent at least 48 hours in advance of departure. Any unused funds must be returned to the Superintendent's Secretary.