

TRAVEL REQUEST FORM

San Juan Island School District

Employee Name: _____ Title of Conference/Workshop: _____
 Date(s) of Conference/Workshop: _____ Location: _____
 Rationale for Attending: _____

Each staff member traveling must submit this form. Remember to complete an EXPENSE CLAIM FORM upon your return for expenses accrued during travel (transportation, meals, and any other costs). Receipts must be attached to the Expense Claim form for all claims except approved meals and mileage. ATTACH GOOGLE MAP AND CONF. AGENDA

AUTHORIZATION OF EXPENDITURES

Registration fees for conference/workshop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Submission of registration is through your building office	Cost:
Substitute	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Classified hourly rate (depending on position): \$23.84 x # of hours _____ Certificated Full Day: \$185.00 x # of days _____	Cost:
Lodging Costs PLEASE SUBMIT ROOM RECEIPT UPON RETURN	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reservations may be held with any credit card and encumbrance will be replaced by the district credit card after approval Please list tax separate from hotel costs	Hotel cost: Tax:
Transportation Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ferry Tickets - Use seasonal commuter rates for <i>Car/Driver</i> and <i>Passenger</i> tickets Winter 2018: C&D - \$37.41 Passenger - \$9.01 Bus - \$267.85	Car and Driver: or Passenger: or Bus
See page two for vehicles, ferry tickets and reservations				
Mileage Attach a Google Map with total miles round trip	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vehicles (including SUV) 0.58 cents /mile Bus: \$2.22 / mile Total miles: _____ x _____ Bus driver costs @ \$27.44 per hour: _____	Cost
Meals Number of meals approved According to travel policy (No meals for day trips)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	____ # of Breakfasts @ \$13 = _____ ____ # of Lunches @ \$14 = _____ ____ # of Dinners @ \$23 = _____	Cost:
Please identify any additional costs	Other: _____			Cost:

TOTAL TRAVEL COSTS: \$ _____

Department/Program _____ Account code (Required) _____

Budget Manager _____ Date _____

Employee signature _____ Date _____

Administrator approval _____ Date _____

Superintendent approval _____ Date _____

SAN JUAN ISLAND SCHOOL DISTRICT #149

Travel Request Transportation Form

Submit this form with Travel Request form (as page 2)

Date(s) of trip: _____ Request by: _____

Check one: Bus _____ District SUV #1 _____ District SUV #2 _____ Personal Vehicle _____

(Note: District SUV's hold 8 passengers plus a driver. No students allowed in personal vehicles.)

Group / Activity: _____ Destination: _____

Supervisor: _____ Total No. Passengers: _____

ON ISLAND TRIP

Trip will depart F.H. @ _____ a.m. / p.m. Trip will return to F.H. @ _____ a.m. / p.m.

FERRY TRIP

Trip will depart F.H. on the _____ a.m. / p.m. ferry on (date) _____

Trip will return from Anacortes on the _____ a.m. / p.m. ferry on (date) _____

Ferry reservations (y/n)? _____ Car & Driver ferry ticket (y/n)? _____ Passenger ferry tickets (y/n)? _____

Flat rate school district letter (two or more passengers on a district trip) (y/n)? _____

ACCOUNT CODE: _____

Day of trip:		For office use only:	
<u>ODOMETER READING</u>	<u>TIME</u>	<u>TRIP COST</u>	
_____ Return	_____ Return	Van: _____ miles @ \$.58 per miles _____	
_____ Depart	_____ Depart	Bus: _____ miles @ \$2.22 per mile _____	
_____ Total miles	_____ Total Hours	Regular hrs _____ @ 27.44 per hr _____	
Bus Driver _____	Bus number: _____	Ferry hrs: _____ @ 15.00 per hr _____	
Wave2Go Card Number: _____		Overnight: _____ @ 12.50 per hr _____	
Reference numbers: District Office 360.378.4133		Ferry Fees= _____	
Kraig Hansen, TS C 360.622.6157, W 370.7907, H 360.370.5097		Additional costs _____ Bus Driver Meals _____	
Brock Hauck, AD C 909.322.0022, W 360.370-7115			
FH Ferry terminal 378.8665 Ana Ferry terminal 206.264.3560			Total = _____
State Patrol 206.949.3661, 360.757.1175			
Anacortes Police 293.1684	Signature of Vehicle Driver: _____		Date: _____

Notes: