## TRAVEL REQUEST FORM

## San Juan Island School District

Employee Name:	Title of Conference	ce/Workshop:
	rshop: Location:	
Rationale for Attending:		
eturn for expenses accrued	ng must submit this form. Remember to complete during travel (transportation, meals, and any other claims except approved meals and mileage. ATTAC	costs). Receipts must be attached to the CH GOOGLE MAP AND CONF. AGENDA
Registration fees for conference/workshop	(Complete registration through your building office	ce)
Substitute	Classified hourly rate (depending on position):  \$26.35 x # of hours	
	Certificated Full Day:  \$\frac{\$193.00}{}\$ x # of days	
Lodging Costs SUBMIT ROOM RECEIPT UPON RETURN	Reservations may be held with any credit card and encumbrance will be replaced by the district credit card after approval	
Transportation Costs	Winter 2022: (2x1)   \$40.59	vo to arrange ferry tickets tions
Mileage Attach a Google Map with total miles round trip	Vehicles: 58.5 cents/mile or Bus: 81 cents/mile  Total milesx/mile  Bus driver cost @ \$33.08 per hour:	
Meals Number of meals approved According to travel policy (No meals for day trips)	No. of Breakfasts	
Other Costs		
_	Total Co	ost \$
epartment/Program	Account code (Req	uired)
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 SUV #1 SUV #2 _	Personal Vehicle
(Note: District SUV's hold 8 passengers plus a driver. No students allo	owed in personal vehicles.)
Group / Activity:	Destination:
Supervisor:	Total No. Passengers:
ON ISLAND TRIP  Trip will depart school ata.m. / p.i	m. Trip will return to school ata.m. / p.m
FERRY TRIP	
Trip will <i>depart</i> Friday Harbor on the ferry at	a.m. /p.m. on (date)
Trip will return from Anacortes on the ferry at _	a.m. /p.m. on (date)
	rs on a district trip) (y/n)
Day of trip:	For office use only:
Day of trip: ODOMETER READING TIME	For office use only: TRIP COST
Day of trip: ODOMETER READING Return Return Return Return	For office use only:  TRIP COST  Van: miles @ \$0.59 per miles
Day of trip: ODOMETER READING TIME	For office use only:  TRIP COST  Van: miles @ \$0.59 per miles  Bus: miles @ \$0.81 per mile
Day of trip: ODOMETER READING Return Depart Depart Total miles ACCOUNT CODE:  TIME Return Depart Total H	For office use only:
Day of trip: ODOMETER READING Return Depart Depart Day of trip: ODOMETER READING TIME  Return Depart Depart	For office use only:
Day of trip: ODOMETER READING  Return  Depart  Depart  Total miles  Bus Driver  Bus number:  Wave2Go Card Number:	For office use only:
Day of trip: ODOMETER READING TIME  Return Depart Depart Depart Total miles Total H  Bus Driver Bus number: Wave2Go Card Number: District Office (360) 378-4133	For office use only:
Day of trip:   ODOMETER READING	For office use only:
Day of trip:   ODOMETER READING	For office use only: