

# 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

<b>Registration fees</b> for conference/workshop	(Complete registration through your building office)	
<b>Substitute</b>	Classified hourly rate (depending on position): _____ \$28.25 x # of hours _____  Certificated Full Day (depending on the substitute): _____ roughly \$252 to \$280 x # of days _____	
<b>Lodging Costs</b> <b>SUBMIT ROOM RECEIPT UPON RETURN</b>	Once travel request form has been approved, enter a requisition so that the hotel can be booked.	
<b>Transportation Costs</b>	Ferry Tickets - Use seasonal commuter rates for <i>Car/Driver</i> and <i>Passenger</i> tickets Spring 2025: C&D \$44.57 Passenger \$16.50 Bus \$322.10 <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>See page two to arrange for vehicles, ferry tickets and reservations</b></div>	
<b>Mileage</b> Attach a Google Map with total miles round trip	Vehicles: 70 cents/mile or Bus: \$2.42/mile  Total miles _____ x _____ /mile Bus driver cost @ \$36.71 per hour (regular rate): _____	
<b>Meals</b> Number of meals approved According to travel policy (No meals for day trips)	No. of Breakfasts _____ @ \$13 = _____ No. of Lunches _____ @ \$14 = _____ No. of Dinners _____ @ \$23 = _____	
<b>Other Costs</b>		
<b>Total Cost</b>		

Department/Program \_\_\_\_\_ Account code (Required) \_\_\_\_\_

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 \_\_\_\_\_ VAN #1 \_\_\_\_\_ VAN #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 school at \_\_\_\_\_ a.m. / p.m. Trip will return to school at \_\_\_\_\_ a.m. / p.m.

### FERRY TRIP

Trip will *depart* 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) \_\_\_\_\_

Trip will *return* from (other island) \_\_\_\_\_ on the ferry at \_\_\_\_\_ a.m. /p.m. 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 @ \$0.70 per miles _____	
_____ Depart	_____ Depart	Bus: _____ miles @ \$2.42 per mile _____	
_____ <b>Total miles</b>	_____ <b>Total Hours</b>	Regular hrs _____ @ 36.71 per hr _____	
Bus Driver _____ Bus number: _____		Overnight: _____ @ 20.27 per hr _____	
Wave2Go Card Number: _____		Overtime: _____ @ 55.06 per hr _____	
Reference numbers: District Office (360) 378-4133		Ferry Fees = _____	
Kraig Hansen, TS Cell (360) 622-6157, Work (360) 370-7907		Additional costs _____ Bus Driver Meals _____	
Brock Hauck, AD Cell (909) 322-0022, Work (360) 370-7115			
FH Ferry terminal (360) 378-8665 Ana Ferry terminal (206) 264-3560			
State Patrol (206) 949-3661, (360) 757-1175			<b>Total =</b> _____
Anacortes Police (360) 293-1684	<b>Signature of Vehicle Driver:</b> _____		<b>Date:</b> _____

Notes: