

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	(Complete registration through your building office)	
Substitute	Classified hourly rate (depending on position): _____ \$26.35 x # of hours _____ Certificated Full Day: _____ \$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	Ferry Tickets - Use seasonal commuter rates for <i>Car/Driver and Passenger</i> tickets Winter 2023: C&D \$42.72 Passenger \$15.85 Bus \$296.50	See page two to arrange for vehicles, ferry tickets and reservations
Mileage Attach a Google Map with total miles round trip	Vehicles: 67 cents/mile or Bus: \$1.69/mile Total miles _____ x _____ /mile Bus driver cost @ \$36.05 per hour: _____	
Meals 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 = _____	
Other Costs		
Total Cost		\$

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 _____ SUV #1 _____ 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 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) _____

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: _____

Date Offered to Driver: _____

Date Accepted: _____

Day of trip: _____		For office use only:	
<u>ODOMETER READING</u>	<u>TIME</u>	<u>TRIP COST</u>	
_____ Return	_____ Return	Van: _____ miles @ \$0.67per miles _____	
_____ Depart	_____ Depart	Bus: _____ miles @ \$1.69 per mile _____	
_____ Total miles	_____ Total Hours	Regular hrs _____ @ 36.05 per hr _____	
Bus Driver _____	Bus number: _____	Overnight: _____ @ 15.00 per hr _____	
Wave2Go Card Number: _____			
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			Total = _____
State Patrol (206) 949-3661, (360) 757-1175			
Anacortes Police (360) 293-1684	Signature of Vehicle Driver: _____		Date: _____

Notes: