

EDUCATIONAL SERVICE DISTRICT #189

APPROVAL FORM FOR NON-STAFF TRAVEL

DIRECTIONS:

This form is to be completed by non-ESD employees when requesting approval for authorized travel expenses. Receipts are required as noted.

Note that prior approval by ESD Superintendent and/or Board of Directors is required when requesting approval for overnight and/or out-of-state travel.

NAME _____ SCHOOL DISTRICT _____ DATE _____

HOME ADDRESS _____ CONTACT PHONE # _____

NAME OF MEETING _____ PURPOSE _____

LOCATION OF MEETING _____

DEPARTURE: TIME _____ DATE _____

RETURN: TIME _____ DATE _____

LEAVING FROM _____

RETURNING TO _____

TRANSPORTATION:

ESTIMATED EXPENSES

Airplane (receipts required) \$ _____

Personal Car _____ miles at \$ _____ \$ _____
(Only claim miles traveled in excess of normal commute)

Rental Car (receipts required) \$ _____

Other: Tolls, taxi, parking, etc. (receipts required) \$ _____

CONFERENCE REGISTRATION:

Attached copy of registration form (receipts required) \$ _____

MEALS: (receipts required) \$ _____

OVERNIGHT:

(THIS PORTION TO BE COMPLETED BY ESD AUTHORIZED PERSONNEL)

LODGING: (receipts required)
Maximum allowed per OFM Regulations \$ _____ \$ _____

MEALS ALLOWANCE: (receipts required)
Maximum allowed per OFM Regulations \$ _____ \$ _____

TOTAL \$ _____

Grant that Allow this Expense

Signature of Applicant Date

Account Code

Authorized Signature Date

OUT-OF-STATE

IN-STATE

Approved on _____

Approved on _____

By _____

By _____

Secretary of Board

Superintendent