White Copy: Administrator
Canary: Employee
Pink Copy: Admin./Business Ofc.

COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT
TRAVEL REQUEST
FOR OUT-OF-DISTRICT TRAVEL

Date of Request: _____

Name: _____ Department: _____
Date of Travel: _____ Destination: _____
Purpose of Travel: _____
Telephone Number at Which You Can Be Reached: _____
Other Persons Traveling With You: _____
(Note: Each person must complete a travel request.)

	ESTIMATED COST (Fill out prior to trip. Include prepaid items.)	**ACTUAL COST** (Fill out after trip. Include prepaid items.)	
TRANSPORTATION			
Mileage @ (IRS Rate) x _____ miles	$_____	$_____	☐
Airline	$_____	$_____	☐
Other (cab fare, bridge, etc.)	$_____	$_____	☐
LODGING			
____ Nights @ $_____/Night	$_____	$_____	☐
MEALS			
____ Breakfast(s) @ $8.00	$_____	$_____	☐
____ Lunch(es) @ $10.00	$_____	$_____	☐
____ Dinner(s) @ $17.00	$_____	$_____	☐
REGISTRATION FEES	$_____	$_____	☐
OTHER: _____	$_____	$_____	☐
TOTAL REQUESTED	$_____	$_____	**TOTAL SPENT**
ADVANCE REQUESTED? ☐ **ADVANCE AMOUNT:**	$_____ ➡	$_____	**MINUS ADVANCE**
(Box MUST be checked if you are requesting an advance.)		$_____	**REIMBURSEMENT REQUESTED** *(Total of items checked above.)*

Please check the boxes next to the items for which you are requesting reimbursement. Do NOT check items that were prepaid by the district via credit card or other means.

Budget funds are available through Account #: _____

TRAVEL REQUEST/APPROVAL SIGNATURES:
(Signatures must be obtained prior to trip.)

_____ _____
Traveler's Signature Date

_____ _____
Department Administrator's Signature Date

Approved:
■ Yes ■ No

_____ _____
Superintendent's Signature *(if applicable*)* Date

Approved:
☐ Yes ☐ No

PAYMENT AUTHORIZATION
Business Office: Please reimburse traveler for expenses incurred.

Authorizing Administrator: _____
(Please Initial)

Date: _____

Amount: $_____
(If different from Total Reimbursement Request listed above.)

***Reimbursement for travel outside the Upper Peninsula of Michigan must have prior approval by the Superintendent and Board of Education.**

Instructions:
If **MEALS** are included in conference, deduct from your meal allowance. Estimate your meal allowance at the following rates: Breakfast: $8.00; Lunch: $10.00; Dinner: $17.00; Total: $35.00. (NOTE: Documentation for meals is needed only if meals go over the $35.00 allowance.) Reimbursement for actual reasonable meal costs over the $35.00 will be adjusted upon resubmission of the canary and pink copies of this form when you return from your trip.
IMMEDIATELY upon your return, fill out the actual costs incurred, attach your receipts, and resubmit to your supervisor.
There will be **NO TRAVEL ADVANCES UNDER $100.00** unless there is an unusual or emergency circumstance. Also, all Travel Advances must be submitted to and signed by the Superintendent at least 48 hours in advance of departure.
Any unused funds must be returned to the Superintendent's Secretary.