**COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT**
**OUT OF DISTRICT TRAVEL REQUEST**

Name:_____ Department: _____Date of Request:_____

Date of Travel: _____ Destination: _____

Purpose of Travel:_____

Telephone Number at Which You Can Be Reached:_____

Others 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.) | PLEASE CHECK ONE: Prepaid by District | PLEASE CHECK ONE: Paid by Traveler |
|---|---|---|---|---|
| **TRANSPORTATION** | | | | |
| Mileage | | | | |
| ☐ Requested & Used Company Car (no mileage) | | | | |
| ☐ Requested Company Car, but It Was Unavailable: | | | | |
| IRS Rate x _____miles | $_____ | $_____ | | ☐ |
| ☐ Declined Company Car: ½ IRS Rate x_____miles | $_____ | $_____ | | ☐ |
| Airline | $_____ | $_____ | ☐ | ☐ |
| Other (cab fare, bridge, etc.) | $_____ | $_____ | ☐ | ☐ |
| **LODGING** | | | | |
| _____Nights @ $_____/Night | $_____ | $_____ | ☐ | ☐ |
| **MEALS** | | | | |
| _____Breakfast(s) @ $9.00 | $_____ | $_____ | ☐ | ☐ |
| _____Lunch(es) @ $13.00 | $_____ | $_____ | ☐ | ☐ |
| _____Dinner(s) @ $24.00 | $_____ | $_____ | ☐ | ☐ |
| **REGISTRATION FEES** | $_____ | $_____ | ☐ | ☐ |
| **OTHER:**_____ | $_____ | $_____ | ☐ | ☐ |
| **TOTAL REQUESTED** | $_____ | $_____ | **TOTAL SPENT** (Including district prepaid items) | |
| | | $_____ | **REIMBURSABLE COSTS** (Only costs paid by traveler) | |
| **ADVANCE REQUESTED? ☐ ADVANCE AMOUNT:** (Box MUST be checked if you are requesting an advance.) | $_____ ➡ | $_____ | **MINUS ADVANCE** (If applicable) | |
| Budget funds are available through account #: _____ | | $_____ | **REIMBURSEMENT REQUESTED** *(Reimbursable costs minus advance.)* | |

**TRAVEL REQUEST/APPROVAL 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

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

**PAYMENT AUTHORIZATION**

Business Office: Please reimburse traveler for expenses incurred.

Authorizing Administrator: _____
*(Please Initial)*

Date: _____

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

**Instructions:** If **MEALS** are included in conference, deduct from your meal allowance. Estimate your meal allowance at the following rates: Breakfast: $9.00; Lunch: $13.00; Dinner: $24.00; Total: $46.00. (NOTE: Documentation for meals is needed only if meals go over the $46.00 allowance.) Reimbursement for actual reasonable meal costs over the $46.00 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. 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.