

**PARKSTON SCHOOL DISTRICT #33-3
- TRAVEL REQUEST -**

NAME _____

LOCATION OF ACTIVITY _____ **DATES OF ACTIVITY** _____
 NATURE OF ACTIVITY (Attach Program Brochure to this form) _____

Departure Date: _____ and Time: _____
 Returning Date: _____ and Time: _____
 Dates Substitute needed: _____ Name of Substitute _____
 Names of School Personnel attending: _____

Method of Transportation: _____ School Car _____ Personal Car _____ Riding with Others _____ Air Plane
 _____ Bus _____ Other

BUDGET ACCOUNT TO BE CHARGED: _____

Estimated Amount Reimbursable by Outside Agencies _____

ESTIMATED EXPENSES:

ACTUAL *

Registration fees/costs \$ _____ \$ _____

Name of Motel _____ Phone Number _____
 Name of People in room _____

Lodging _____ nights @ \$ _____ per night \$ _____ \$ _____

Leave before 5:31 a.m. 11:31 a.m. 5:31 p.m.
Return after 7:59 a.m. 12:59 p.m. 7:59 p.m.

Meals _____ Breakfast _____ Lunch _____ Dinner _____ \$ _____ \$ _____

Instate **\$5.00 \$9.00 \$12.00** Out of State **\$ 7.00 \$10.00 \$16.00**

Mileage _____ miles @ \$.55 per mile \$ _____

Actual Miles _____ * \$.55

Commercial Transportation (Busing) \$2.30 \$ _____ \$ _____

Other _____ \$ _____ \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

Approved _____ Disapproved _____ Signature _____ Date _____
 Principal/Supervisor

Mitchell	25 Miles	Yankton	60 Miles	Vermillion	90 Miles	Watertown	150 Miles	Aberdeen	180 Miles
Brookings	125 Miles	Sioux Falls	75 Miles	Pierre	180 Miles	Rapid City	300 Miles	Huron	80 Miles
Madison	100 Miles	Salem	50 Miles	Wagner	40 Miles	Gregory	90 Miles	Chamberlain	100 Miles

SCHOOL DISTRICT VOUCHER FOR PAYMENT

ACTUAL REIMBURSEABLE EXPENSES

\$ _____

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Date: _____ Signature of Claimant: _____

Duplication of the form shall be made and the **original shall be turned** into the business office **before** the event. **Duplicates will be used as a voucher for payment.** It shall be filled in and returned upon the completion of the trip.

FOR OFFICE ONLY

CHECK Date: _____ Check Amount: _____ Check Number: _____