**MACKAY SCHOOL DISTRICT**

**REQUEST FOR OUT OF DISTRICT ATTENDANCE**

All requests for out of district attendance that involve time away from work and/or reimbursement from District funds must be filed and approved prior to such attendance on this form. Reimbursement of travel expenses will be in accordance with Board Policy 7430. No reimbursement will be granted without prior approval.

EMPLOYEE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL OR ASSIGNMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAVEL REQUESTED TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED EXPENSES:

1. REGISTRATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. TRANSPORTATION/MILEAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. MEALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. LODGING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. OTHER COSTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. SUBSTITUTES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL ESTIMATED EXPENSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement will not be made without this request.** Registration and lodging fees are normally billed to the District through the purchase order system. An Expense Reimbursement Report for reimbursement of travel expenses must be submitted to the approving principal or supervisor (signature below) for approval following return. The Expense Voucher will be submitted to the district office for payment by the approving supervisor.

SIGNATURE OF EMPLOYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUDGET ACCOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO # \_\_\_\_\_\_\_\_\_\_\_

APPROVED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_

Principal or Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_

Business Manager

SPECIAL CONDITIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies: Employee

Supervisor

District Office