

**DISTRICT TRAVEL AND REIMBURSEMENT REQUEST  
OR SUBSTITUTE REQUEST (NO TRAVEL)**

Vendor # \_\_\_\_\_

**DANVILLE COMMUNITY CONSOLIDATED SCHOOL DISTRICT #118**

PO# \_\_\_\_\_

Submit ONE copy on **WHITE** to the **Director of Special Education** for approval 12 calendar days prior to departure. A copy will be returned to you to be used as the reimbursement request. You must return it to your Principal for signature within **30 days** after workshop is completed. Initials for Grant account information: \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Dept./Grade \_\_\_\_\_  
 Account No. \_\_\_\_\_ Acct. Title \_\_\_\_\_  
 I intend to travel on behalf of Danville Schools to \_\_\_\_\_  
 (city and state)  
 on \_\_\_\_\_ for the purpose of \_\_\_\_\_  
 (conference title)

Dates you will be "out on school business" **PLEASE DO NOT INCLUDE WEEKEND DAYS** \_\_\_\_\_  
 ALSO: Do not include dates that you will be leaving after your **contractual hours**. For attendance purposes this is very important.

**THE DISTRICT WILL PICK UP NO MORE THAN THE ESTIMATED COST OF THE TRIP**

	Estimated Cost	Reimbursement Actual Cost
1. Mode of travel:		
a) car - estimated miles _____ @ <u>0.70</u> /per mile	_____	\$ _____
b) Plane, Train or Bus (round trip fare)*	\$ _____	\$ _____
2. Lodging per day _____ tax x _____ days= *	_____	\$ _____
3. Meals: Breakfast - \$11.00 x _____ days= *	_____	\$ _____
Lunch - \$15.00 x _____ days= *	_____	\$ _____
Dinner - \$29.00 x _____ days= *	_____	\$ _____
The above amounts may be combined at the employee's option if travel extends through two or more meal times. The actual location for eating the above meals will be at the discretion of the employee. If traveling before 7AM breakfast is allowed, after 6PM dinner allowed.		
4. Registration*	_____	\$ _____
5. Other	\$ _____	\$ _____
6. Total cost of trip*	_____	\$ _____
7. Expense allowed from other organizations, if any	\$ _____	\$ _____
8. Amount paid in advance by District #118	_____	\$ _____
	<b>BALANCE DUE</b>	\$ _____
9. Substitute: No _____ Yes _____ (If 1/2 day _____ AM _____ PM)	If yes, what days _____	_____

**Sub Account Number** \_\_\_\_\_

The following people will be traveling with me \_\_\_\_\_

**\*ITEMIZED RECEIPTS REQUIRED** Signature of traveler \_\_\_\_\_

**AFTER RECEIVING APPROVAL IT IS YOUR RESPONSIBILITY TO MAKE ARRANGEMENTS WITH THE OPERATOR FOR A SUBSTITUTE IF ONE IS NEEDED.**

TRAVEL APPROVAL

REIMBURSEMENT APPROVAL

\_\_\_\_\_  
 (Building Administrator)  
 \_\_\_\_\_  
 (Director of Special Education)  
 \_\_\_\_\_  
 (Associate Superintendent)  
 \_\_\_\_\_  
 OISA =Only If Sub Available

\_\_\_\_\_  
 (Building Administrator)  
 \_\_\_\_\_  
 (Director of Special Education)  
 \_\_\_\_\_  
 (Associate Superintendent)  
 \_\_\_\_\_  
 (Treasurer)

\_\_\_\_\_  
 Not Approved - Reason \_\_\_\_\_

\_\_\_\_\_  
 Approved at Initiators Expense