



Greater Albany Public School District
 718 SW Seventh Ave, Albany OR 97321
 Albany, OR 97321 541/967-4505 (business office)

TRAVEL REQUEST (Expenses/Reimbursements)

Employee Name: _____ Building: _____ City of Residence: _____

Leave Request Date(s): _____ Departure date/time: _____ Return date/time: _____

In District Out of District Full Day Half Day Certified Classified Administrative Confidential

Name of Meeting/Conference: _____ (DO NOT Abbreviate! Use the name on the Conference Registration Form)
 Location: (Bldg, hotel, city, state) _____
 Dates of Meeting/Conference: _____ Meals provided at Conference: Attach copy of conference schedule.

	Estimated Cost	Purchase Order No.	Approved Costs	Request Advance	Reimbursement Amount
Registration	\$ _____	_____	\$ _____	\$ _____	\$ _____
Meals	\$ _____	_____	\$ _____	\$ _____	\$ _____
Mileage: Miles _____ x Current IRS Rate = _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
Lodging (hotel/other)	\$ _____	_____	\$ _____	\$ _____	\$ _____
Transportation (air/train)	\$ _____	_____	\$ _____	\$ _____	\$ _____
Baggage	\$ _____	_____	\$ _____	\$ _____	\$ _____
Shuttle/taxi/car rental	\$ _____	_____	\$ _____	\$ _____	\$ _____
Parking	\$ _____	_____	\$ _____	\$ _____	\$ _____
Total	\$ _____	_____	\$ _____	\$ _____	\$ _____

(UPON RETURN FROM TRIP)
 Upon return, please make a copy of this page, fill in shaded column for reimbursement, **ATTACH ORIGINAL DETAILED RECEIPTS**, sign, and obtain administrator's signature. Required for reimbursement:
 Evidence of conference attendance (if no lodging)
 Itemized meal receipts (\$7.00 breakfast; \$11.00 lunch; \$23.00 dinner)
 Lodging receipts (hotel check out)
 Receipts or ticket stubs if being reimbursed for transportation
 Additional baggage surcharge receipts
 Shuttle/taxi receipts
 Parking receipts
 Remember, it is your responsibility to request and provide receipts for these expenses. (Refer to Administrative Regulation, DLC-AR Staff Expense Reimbursement)

I have attached receipts for these expenses and certify that this claim is true and correct. No funds claimed here will be claimed from any other source.

Employee Sig: _____ Date: _____
 Admin Sig: _____ Date: _____
 (Building Admin approving absence and building funds)
 Admin Sig: _____ Date: _____
 (Final reimbursement approval)

Building Use: Leave: Approved Denied Substituted needed: No Yes
 (Note: If leave is denied, return to staff member.) Expenses as noted above:

District User: District Covered Expenses: Registration Meals Mileage Transportation Hotel Substitute
 District Approval: _____ (If paid for with District Funds) Date: _____
 Acct #: _____ \$ _____
 Acct #: _____ \$ _____
 Acct #: _____ \$ _____
 Acct #: _____ \$ _____