

[BLUE FORM]
HARNEY COUNTY SCHOOL DISTRICT #3
TRAVEL EXPENSE REQUEST FORM

NAME _____ NAME OF CONFERENCE _____
(Must attach copy of registration form, conference agenda and leave request)

CONFERENCE DATES _____ DESTINATION _____

CONFERENCE TIMES _____ LOCATION _____

List two of your professional goals this conference supports.

1. _____
2. _____

*Please specify each day's lodging/meals that will be required by placing an X (**Not Dollar Amount**) in the appropriate columns. **One day per diem for one-day workshop. If travel is on same day as conference, no meal allocation.**

Date	*Lodging	**Breakfast	**Lunch	**Dinner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Lodging will be paid by ITEMIZED RECEIPT – per U.S. Government Standard Rate.**

ITEMIZED PER DIEM ALLOWANCE Specify number of:

_____ Breakfast(s) @ \$11.00 = \$ _____ _____ Lunch (es) @ \$12.00 = \$ _____ _____ Dinner (s) @ \$23.00 = \$ _____ **TOTAL \$ _____	REGISTRATION FEE \$ _____ PO # _____ Registration will be paid with Purchase Order or Personal Check (Circle One)
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****Federal grant funds may not be used to fund meals**

_____ Miles x _____ Rate per mile = \$ _____

The District will notify all those individuals who are attending the same conference and will issue one mileage check at _____cents per mile to one of the individuals and it is up to the group to divide the check amongst the group.

To receive the meal allowance check before you leave, this form must be completed and sent to the District Office at least TWO WEEKS before departure. Request must be signed by your building administrator and approved by district.

(Administrator: Assign BUDGET CODE) _____
 Fund or Grant _____ Funding _____

_____ Date _____ Check Recipient's Signature	_____ Date _____ Supporting Building Administrator's Signature (Administrator: Please send all participants forms to D.O. in one packet) _____ (Approval – District)
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