

# BRUSH COUNTRY CO-OP

## Pre-travel form for Workshop Requests

\*Employee Name: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Conference/Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Will expenses be reimbursed by an outside agency? Yes \_\_\_ No \_\_\_

\* Workshop Start Date: \_\_\_\_\_

\*Workshop Start Time: \_\_\_\_\_ a.m./p.m.

\* Workshop End Date: \_\_\_\_\_

\*Workshop End Time: \_\_\_\_\_ a.m./p.m.

Will Substitute be required? Yes \_\_\_ No \_\_\_ Substitute Budget Code; \_\_\_\_\_

All reimbursement of Employee Travel Requests and receipts must be received in the Business Office within 1 business day of the return date.

Fund	Function	Object Code	Sub-Object	Organization	Yr	Intent Code	Amount
							\$

Date (day-travel-only)	Breakfast-\$ .00	Lunch-\$ .00	Dinner-\$ .00	Total-\$ .00			
Date (overnight travel)	Breakfast \$8.00	Lunch \$12.00	Dinner \$15.00	Total	\$35	Costs/Transportation	Amount
						Mileage/Airline= _____ miles x .54 =	
						Meals	
						Car Rental	
						Lodging**(# Days _____ x Rate _____)	
						Registration ***	
						TOTAL:	
						Total Advance	
						Total Reimbursement	
						Total Travel Cost of Trip	

**NOTE: YOU MUST SUBMIT ALL MEAL RECEIPTS FOR PER DIEM OR RETURN REMAINING PER DIEM**

<b>PO Payable to District Employee</b>
Mileage Advancement
Meals (Per Diem)
Parking
Other (list details)
Other (list details)
<b>Payable to the Employee:</b>

Please provide any additional details that may need to be considered related to this travel request:

<b>PO Required for Registration</b>	
REGISTRATION: *** Workshop #: _____	Amount: _____
<b>Conference/Workshop information and completed registration form must be attached to Travel Request Form</b>	
Purchase Order # _____	Due Date: ____/____/20____
Payable to: _____	<b>Please check one of the following</b> Mail _____ Pickup _____
Name: _____	
Address: _____	

<b>PROVIDE HOTEL DETAIL BELOW</b>	
LODGING Phone #: _____	
Hotel Name: _____	Advance Check: Yes ___ No ___
Address: _____	Amount: \$ _____
City/St./Zip: _____	
CONFIRMATION NUMBER: _____	

\_\_\_\_\_/\_\_\_\_\_  
\*\*Employee Signature Date

\_\_\_\_\_/\_\_\_\_\_  
District Sp. Ed. Director (if applicable) Date

\_\_\_\_\_/\_\_\_\_\_  
\*\* Principal/Administrator Date

\_\_\_\_\_/\_\_\_\_\_  
BCC Director of Special Education Date