

Travel Request
Hillsboro R-3 School District

Is this trip for Professional Development? If yes, then STOP! You must complete the travel request on My Learning Plan!

Employee Name: _____ **Date Requested:** _____

Position: _____ **Building:** _____

Sub Required: Y N **Number of Days:** _____ **Date of Event:** _____

Name and Location of the Event: _____

Advance payment needed

Y N

Registration Form attached

Y N

Is someone else attending conference/workshop with you? Y N

If yes, please list the names of all attendees (individual travel requests are necessary for each person attending, please coordinate conference/workshop arrangements):

Registration Fee: _____ **Total \$** _____

Transportation: School Vehicle Y N *arrangements need to be made at Ext.8001

Personal Vehicle Y N Mileage: _____ miles x \$.50 **Total \$** _____

Daily Food Allowance: _____ X \$35 per day **Total \$** _____

Miscellaneous Expenses: _____ **Total \$** _____

Lodging: _____ nights @ \$ _____ (room quote should be w/out MO sales tax) **Total \$** _____

Lodging Contact Information: _____

*Please include hotel name,
address, phone #, and
confirmation #'s.*

Total Expenditures to be approved **Total \$** _____

Account number to be charged _____ - _____ - _____ - _____ (ex: 10-1234-1234-000-000)

Trip and Cost Approval:

Building Supervisor Approved Not approved

Superintendent/Central Office Administrator Approved Not approved