

WESTFIELD PUBLIC SCHOOLS TRAVEL REQUEST FORM

**SUBMIT TRAVEL REQUESTS TO YOUR PRINCIPAL/DIRECTOR FOR APPROVAL 15 WORKING DAYS
PRIOR TO THE DATE(S) REQUESTED**

Name _____ District Staff Development: _____ Unit A/Unit B PD: _____
School: _____ Content/Department Area: _____ Grade Level _____
Name of Conference/Meeting _____
Location of Conference/Meeting _____
Date(s) of Conference/Meeting _____

Substitute Teacher Required: Yes _____ No _____ Number of Days Required: _____

Requested Travel Expenses:

Substitute Expense (Appx.\$80.00/day)	_____
Registration Costs	_____
Transportation, mileage, tolls	_____
Lodging	_____
Other: _____	_____
TOTAL	\$ _____

Signature of Applicant _____
Date

TO BE COMPLETED BY PRINCIPAL/DIRECTOR

Request Approved: _____
Signature _____
Date

Above costs will be paid from site/department budget: YES _____ NO _____
(If No, Section 3 must be completed for funding source)

****** TO BE COMPLETED BY THE SUPERVISOR OVERSEEING FUNDING SOURCE ******

Grants: _____ Special Education: _____ LEA: _____ District SD: _____ Unit A/Unit B PD _____

Approved reimbursable expenses:

Substitute Expense (Appx.\$80.00/day)	_____
Registration	_____
Transportation/mileage/tolls	_____
Lodging	_____
Other _____	_____
TOTAL	\$ _____

Obtain Approval Signature:

Business Manager _____ Date: _____
Administrator for Special Ed. & Student Services _____ Date: _____
Director of Assessment & Accountability _____ Date: _____
Director of Curriculum & Instruction _____ Date: _____
Grant's Coordinator _____ Date: _____

ALL OUT-OF-STATE TRAVEL MUST BE APPROVED BY THE SUPERINTENDENT OF SCHOOLS

Approved _____ Not Approved _____ Total approved for payment \$ _____

 Dr. Suzanne Scallion
 Superintendent of Schools

 Date

PROCEDURE and BACKUP REQUIRED FOR REIMBURSEMENT OF APPROVED COST(S)

**Failure to submit the required backup will result in inability to process
 reimbursement or payment of purchase order.**

*For reimbursement of allowable cost(s), please submit the following to the Office of
 Assessment & Accountability AFTER travel:*

A. Completed "Travel Reimbursement Expense Sheet" with the attached applicable backup.

B. Proof of payment:

Registration: (Personal Check)

A copy of the canceled check (both sides) OR

A copy of the front of the check and copy of the statement showing check number and amount clearing.

Registration: (Credit Card)

Copy of statement (block out all but name and charge information pertaining to workshop).
 If possible also include a copy of the charge receipt.

Other expenses: **Original:** receipt(s), confirmation), mileage, toll receipts, paid bills, etc.

C. Proof of attendance: Copy of agenda, Certificate of Attendance, etc.

pc: Funding Sources: LEA Funds Business Manager
 Special Education Administrators of Special Ed. & Student Support
 Grants Grant's Coordinator & Director of Student Interventions (Title I)
District PD
 Unit A and Unit B PD Director of Assessment & Accountability
 District Staff Development Director of Curriculum & Instruction