

NORTHWEST EDUCATIONAL SERVICE DISTRICT 189

APPROVAL FORM FOR NON-STAFF TRAVEL

Directions: This form is to be completed by non-NWESD employees when requesting approval for authorized travel expenses. Receipts are required as noted. Note that prior approval by NWESD Superintendent and/or Board of Directors is required when requesting approval for overnight and/or out-of-state travel.

Name _____ School District _____ Date Prepared _____

Home Address _____ Contact Phone # _____

Meeting Name _____ Purpose _____

Meeting Location _____

Departure Date _____ Time _____ Return Date _____ Time _____

Leaving From (City/State) _____ Returning To (City/State) _____

Transportation: **Estimated Expenses**

Airfare (receipts required) \$ _____

Personal Car Est Miles (in excess of commute) _____ Mileage _____ \$ _____

Rate Rental Car (receipts required) \$ _____

Other: Tolls, Parking, etc. (receipts required) \$ _____

Registration: Attach copy of registration form (receipts required) \$ _____

Meals: (itemized receipts required) \$ _____

OVERNIGHT: (THIS PORTION TO BE COMPLETED BY NWESD AUTHORIZED PERSONNEL)

Lodging: (receipts required) Maximum allowed per OFM regulations _____ \$ _____

Meal Allowance: (itemized receipts required) Maximum allowed per OFM regulations _____ \$ _____

Comments: _____ **TOTAL** \$ _____

Program/Grant Name Applicant Signature Date

Account Code NWESD Program Manager Signature Date

OUT-OF-STATE

IN-STATE

Approved on _____ Approved on _____

By _____ By _____

Secretary of Board

Superintendent