

**CORBETT SCHOOL DISTRICT 39
CONFERENCE/TRAVEL FORM**

Name _____ School _____ Destination _____

Conference Dates _____ Purpose/Conference Name _____

Estimated Departure Time _____ AM PM

Estimated Return Time _____ AM PM

Employee Signature _____ Date _____

Substitute Required Yes No

Budget Code _____

Approval – Principal/Supervisor Signature _____ Date _____

Requests for meal per diem and/or mileage prior to travel must be received to the business office 10 work days prior to travel per Board Policy DJ-AR.

Request pre-pay for meal per diem Yes No

Request pre-pay for mileage Yes No

LODGING

Name _____

Address _____

Phone _____

Dates: Check In _____ Check Out _____

Number of Nights: _____ Total Cost \$ _____

Confirmation No. _____

REGISTRATION

Due by _____ Cost \$ _____

PO # _____ Credit Card Yes No

TRANSPORTATION

Airfare: Airline _____ Flight # _____

Departure: Date _____

Time _____

Airline _____ Flight # _____

Returning: Date _____

Time _____

Miles _____ @ _____ = \$ _____

Mileage is calculated using the IRS Standard Mileage Rate

MEALS insert dollar amounts use: **(Meal per diem: GSA U.S. General Administration Oregon Standard Rate)**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							

Total: \$ _____

REIMBURSEMENT (Attach receipts)

REGISTRATION

Reimbursement Amount \$ _____

LODGING

Reimbursement Amount \$ _____

TRANSPORTATION

Airfare \$ _____ Parking \$ _____

Taxi, Uber, Etc. \$ _____

Car Rental \$ _____

Approval – Chief Finance Officer

Date