

Yupit School District
 Travel Request

Name: _____ YSD Site: _____ DOB: _____
 (As it appears on ID)

Address: _____ Mileage Plan Number: _____

Purpose of Travel: _____ Date of Event **Please Attach Agenda:** _____

Conference Registration: Provide website if available.

Date of Travel: _____ Travel From: _____ Travel To: _____ Time: _____

Travel From: _____ Travel To: _____ Time: _____

Date of Return: _____ Travel From: _____ Travel To: _____ Time: _____

Travel From: _____ Travel To: _____ Time: _____

Airline Travel Confirmation Code: _____

Number of Bags: _____

Hotel: _____ Number of Nights: _____

Reservation Confirmation Number: _____

Per Diem: (12.00 – breakfast, 16.00 – lunch, 32.00 – dinner)

Reimbursement cannot include meals provided with conference/meeting/training.

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total
Breakfast	_____	_____	_____	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	_____	_____	_____	_____
							Total	_____

Taxi: 60.00 for out-of-district trips _____

Other (Please specify)

Reimbursed upon return with receipts.

Total Requested: _____

Other trip details such as other travelers, preferred flights etc. (Special requests may be made however travel will be arranged for efficiency of time and costs.)

Account Code: _____

Signature of Supervisor: _____

Signature of Director or Superintendent: _____