



METHOW VALLEY SCHOOL DISTRICT
TRAVEL REQUISITION

MUST BE
SUBMITTED
14 DAYS PRIOR
TO TRAVEL

Name(s) _____

Purpose of Travel _____ Building _____

Destination (City/State) _____

Departure Date _____ Departure Time _____

Return Date _____ Return Time _____

TRAVEL EXPENSES

Registration

_____ \$ _____
Name of organization

Lodging

_____ \$ _____
City or hotel name
of Nights ____ # of rooms _____ X room rate of _____

Meals provided at conference: Breakfast _____ Lunch _____ Dinner _____

Per Diem Meals: Breakfast ____ @ ____ Lunch ____ @ ____ Dinner ____ @ ____ \$ _____

Transportation:

_____ District vehicle _____ Private vehicle _____ Plane fare \$ _____

Other travel expenses: *Please list* _____ \$ _____

Substitute Teacher Expense

Number of Days _____ X rate \$125 \$ _____

ESTIMATED TOTAL COST OF TRAVEL \$ _____

I understand that travel expense reimbursements must be submitted within ten days of my return.

Employee signature _____ Date _____

Principal's signature _____ Date _____

Account code: _____

Superintendent's signature _____ Date _____

Office use

Copies to: _____ staff member _____ business manager
_____ building administrator _____ file copy