

DATE _____

Lee's Summit RVII School District Travel Request
MUST BE SUBMITTED WITHIN 6 WEEKS OF TRAVEL DATE

NAME _____ EMPLOYEE ID _____

LOCATION _____ BUDGET MANAGER _____

NAME OF CONFERENCE _____ LOCATION _____

CONFERENCE DATES _____ DEPARTURE _____ RETURN DATE _____

COMPLETE THE FOLLOWING AND ATTACH REQUESTED DOCUMENTATION. TRAVEL ARRANGEMENTS ARE MADE AND PAID THROUGH BUSINESS SERVICES AND CONFIRMATION WILL BE SENT AFTER TRAVEL IS SECURED.

*MILEAGE-REQ REIMBURSEMENT UPON RETURN-# OF MILES _____ @ _____ COST _____ CODE _____

* **PAID** REGISTRATION-ATTACH REGISTRATION FORM AND AGENDA COST _____ CODE _____

*LODGING-#ROOMS _____ STAFF _____ COST _____ CODE _____

*MEALS-PER TRAVEL GUIDELINES (NO MEALS UNLESS OVERNIGHT STAY)
BREAKFAST _____ LUNCH _____ DINNER _____ COST _____ CODE _____

*RENTAL CAR? NO _____ YES _____ TYPE OF VEHICLE _____ COST _____ CODE _____

OTHER TRANSPORTATION FEES _____ COST _____ CODE _____

*AIRFARE? NO _____ YES _____ # STAFF _____ COST _____ CODE _____

*SUB COST # OF DAYS _____ X \$148.29 (COST PER DAY SUBJECT TO CHANGE) COST _____ CODE _____

FLIGHT INFORMATION
(MAY ATTACH PREFERRED FLIGHT FOR REFERENCE)

	FULL NAME AS APPEARS ON ID	DOB	EMPLOYEE ID #	CELL PHONE NUMBER
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1)	_____	_____	_____	_____
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2)	_____	_____	_____	_____
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3)	_____	_____	_____	_____
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_____ DATE _____

TRAVELER SIGNATURE

_____ DATE _____

FACULTY REP SIGNATURE

_____ DATE _____

PRINCIPAL/SUPERVISOR SIGNATURE

_____ DATE _____

SLC ADMINISTRATOR

FOR BUSINESS SERVICE OFFICE ONLY

HOTEL _____

TAX LETTER _____ CCA _____

MM _____ MIL _____

AIRLINE _____

ALLOCATED _____ COMP _____

FLIGHT INFORMATION
(MAY ATTACH PREFERRED FLIGHT FOR REFERENCE)

	FULL NAME AS APPEARS ON ID	DOB	EMPLOYEE ID #	CELL PHONE NUMBER
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____
9)	_____	_____	_____	_____

FOR BUSINESS SERVICES OFFICE ONLY

HOTEL _____

TAX LETTER _____ CCA _____

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AIRLINE _____

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