

WESTFIELD PUBLIC SCHOOLS TRAVEL REQUEST FORM

**SUBMIT TRAVEL REQUESTS TO YOUR PRINCIPAL/DIRECTOR FOR APPROVAL 15 WORKING DAYS
PRIOR TO THE DATE(S) REQUESTED**

Name _____ District Staff Development: _____ Unit A/Unit B PD: _____
School: _____ Content/Department Area: _____ Grade Level _____
Name of Conference/Meeting _____
Location of Conference/Meeting _____
Date(s) of Conference/Meeting _____

Substitute Teacher Required: Yes _____ No _____ Number of Days Required: _____

Requested Travel Expenses:

Substitute Expense (Appx.\$80.00/day)	_____
Registration Costs	_____
Transportation, mileage, tolls	_____
Lodging	_____
Other: _____	_____
TOTAL	\$ _____

Signature of Applicant _____
Date

TO BE COMPLETED BY PRINCIPAL/DIRECTOR

Request Approved: _____
Signature _____
Date

Above costs will be paid from site/department budget: YES _____ NO _____
(If No, Section 3 must be completed for funding source)

****** TO BE COMPLETED BY THE SUPERVISOR OVERSEEING FUNDING SOURCE ******

Grants: _____ Special Education: _____ LEA: _____ District SD: _____ Unit A/Unit B PD _____

Approved reimbursable expenses:

Substitute Expense (Appx.\$80.00/day)	_____
Registration	_____
Transportation/mileage/tolls	_____
Lodging	_____
Other _____	_____
TOTAL	\$ _____

Obtain Approval Signature:

Business Manager _____ Date: _____
Administrator for Special Ed. & Student Services _____ Date: _____
Director of Assessment & Accountability _____ Date: _____
Director of Curriculum & Instruction _____ Date: _____
Grant's Coordinator _____ Date: _____

ALL OUT-OF-STATE TRAVEL MUST BE APPROVED BY THE SUPERINTENDENT OF SCHOOLS

Approved _____ Not Approved _____ Total approved for payment \$ _____

Stefan Czaporowski
Superintendent of Schools

Date

PROCEDURE and BACKUP REQUIRED FOR REIMBURSEMENT OF APPROVED COST(S)

Failure to submit the required backup will result in inability to process reimbursement or payment of purchase order.

For reimbursement of allowable cost(s), please submit the following to the Office of Assessment & Accountability AFTER travel:

A. Completed "Travel Reimbursement Expense Sheet" with the attached applicable backup.

B. Proof of payment:

Registration: (Personal Check)

A copy of the canceled check (both sides) OR

A copy of the front of the check and copy of the statement showing check number and amount clearing.

Registration: (Credit Card)

Copy of statement (block out all but name and charge information pertaining to workshop).
If possible also include a copy of the charge receipt.

Other expenses: **Original:** receipt(s), confirmation), mileage, toll receipts, paid bills, etc.

C. Proof of attendance: Copy of agenda, Certificate of Attendance, etc.

pc: Funding Sources: LEA Funds
Special Education
Grants
District PD
Unit A and Unit B PD
District Staff Development

Business Manager
Administrators of Special Ed. & Student Support
Grant's Coordinator & Director of Student Interventions (Title I)
Director of Assessment & Accountability
Director of Curriculum & Instruction