**WESTFIELD PUBLIC SCHOOLS TRAVEL REQUEST FORM**

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

<table>
<thead>
<tr>
<th>Name _______________________________</th>
<th>District Staff Development: _______</th>
<th>Unit A/Unit B PD: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: _____________________________</td>
<td>Content/Department Area: _______</td>
<td>Grade Level _______</td>
</tr>
<tr>
<td>Name of Conference/Meeting ______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Conference/Meeting ______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date(s) of Conference/Meeting ______________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 $ ________________**

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

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**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)

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

<table>
<thead>
<tr>
<th>Grants: ______</th>
<th>Special Education: ______</th>
<th>LEA: ______</th>
<th>District SD: ______</th>
<th>Unit A/Unit B PD ______</th>
</tr>
</thead>
</table>

**Approved reimbursable expenses:**
- Substitute Expense (Appx.$80.00/day) ______
- Registration ______
- Transportation/mileage/tolls ______
- Lodging ______
- Other: _________________ ______

<table>
<thead>
<tr>
<th>Obtain Approval Signature:</th>
<th>TOTAL $ ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Manager</td>
<td>Date: ______</td>
</tr>
<tr>
<td>Administrator for Special Ed. &amp; Student Services</td>
<td>Date: ______</td>
</tr>
<tr>
<td>Director of Assessment &amp; Accountability</td>
<td>Date: ______</td>
</tr>
<tr>
<td>Director of Curriculum &amp; Instruction</td>
<td>Date: ______</td>
</tr>
<tr>
<td>Grant's Coordinator</td>
<td>Date: ______</td>
</tr>
</tbody>
</table>

(If No, Section 3 must be completed for funding source)
WESTFIELD PUBLIC SCHOOLS TRAVEL REQUEST FORM

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

Approved _______ Not Approved ________ Total approved for payment $ ____________

________________________________________________________________________________

Stefan Czaporowski                      Date
Superintendent of Schools

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.

Funding Sources:    LEA Funds                  Business Manager
                     Special Education                  Administrators of Special Ed. & Student Support
                     Grants                           Grant’s Coordinator & Director of Student Interventions (Title I)
                     **District PD**                  Director of Assessment & Accountability
                     Unit A and Unit B PD             Director of Curriculum & Instruction
                     District Staff Development

Updated 4-12-17