KLAMATH FALLS CITY SCHOOLS CONFERENCE REQUEST & TRAVEL EXPENSE FORM

Employee name:						Date:			
	:								
Date, Title/Loc	ation of conference (attacl	n agenda):							
•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • •				• • • • • • • • • • • • • • • • • • • •	
PRE-APPRO	VAL OF ESTIMATED EX	(PENSES: Lis	st the estima	ited expense	es as follow	/s:			
Registration	s	Lodging			Transportation				
Proposed Acco	unt Number:		Total amount:						
Troposed Acce	ant Namber.				. Total allic	June			
Signature of an	pproving administrator		Date of approval						
TO BE COM	PLETED AFTER CONFE	RENCE – ACT	UAL EXPE	NSES TO E	BE REIMB	URSED			
MEALS & LODGING									
A. Standard rates, no receipts required: BREAKFAST = \$7.00, LUNCH = \$7.00, DINNER = \$16.00									
B. Higher rates for Portland, Eugene & Salem WITH ITEMIZED RECEIPTS : BREAKFAST = \$9.00, LUNCH = \$9.50, DINNER = \$23.50									
C. Out-of-state rates, <u>no receipts required</u> : BREAKFAST = \$9.00, LUNCH = \$9.50, DINNER = \$23.50									
D. NON-REIMBURSABLES: (1) Meals that are included in the conference or provided by the hotel. If you choose to dine elsewhere at a time that									
a meal has been provided by the conference/hotel it will be at your own expense. (2)Day of departure/return: Breakfast/dinner should be at home as with any other work day (unless travel status extends 2 hours beyond regular scheduled work shift). (3) Meals for day trips (when									
		ınless travel statı	ıs extends 2 h	ours beyond	regular sche	duled work s	shift).	(3) Meals for day trips (when	
Date (time*)	ernight stay is not required). Location (City/St)	Breakfast	Lunch	Dinner Total Meals		10	Lodging (attach receipts)		
Date (time*)	Location (City/St)	Dieakiast	Lunch	Dillilei	TOTAL IVI	eais	LO	ouging (attach receipts)	
*time of departure/arrival home:		_	\$			\$			
MILEAGE: C	heck one:Rental Vehicle				.			545 4 9	
Data		art, www.orego	n.gov/ODOT/TD/TDATA/rics/docs/MileageCl			ageCh	•		
Date	Explanation				Miles			Amount	
TOTAL									
TRANSPORTATION/FARES (attach receipts)									
Date	Explanation (airfare, baggage, taxi/shuttle)							Amount	
TOTAL									
TOTAL									
MISCELLANI	EOUS (attach receipts)								
Date	Item, Fee, etc.							Amount	
TOTALS:									
Meals	\$ Employee signature:								
Lodging	\$								
Mileage	\$	•	Principal/Administrator Approval Amount						
Fares	\$	Account	No:				Amo	ount	
Misc	\$	D -:	N.A						
Total	\$ Business Manager Approval								

REQUIRED ATTACHMENTS, SIGNATURES, ACCOUNT NUMBERS: (This form will be returned if this information is not included).

- 1. Lodging receipts (even if district credit card paid) 2. Itemized meal receipts (if claiming higher rates)
- 3. Receipts for misc. fees, taxis/shuttles

4. The conference agenda