

Effective 02/01/16

(Blue)
LMSD 024

LOUISVILLE MUNICIPAL SCHOOL DISTRICT PROFESSIONAL TRIP REQUEST

Name: _____ Today's Date: _____

LOUISVILLE HIGH FAIR ELEMENTARY NOXAPATER
 EILAND MIDDLE NANIH WAIYA VOCATIONAL CENTER
 LOUISVILLE ELEMENTARY CENTRAL OFFICE
 OTHER (specify: _____)

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Purpose of trip: _____

Method of Transportation: Personal Vehicle School-owned Vehicle
 Other (specify) _____

If personal vehicle, I certify that I have a valid driver's license; and my vehicle is in good working order, has valid inspection decal, and is appropriately insured. Yes No

Expenses to be paid from:

District Title I Title II
 School Activity Fund SPED Vocational
 School Food Service Other (specify: _____)

Estimated Cost:

Travel _____ miles @ \$0.54 \$ _____
 Lodging (receipt required) \$ _____
 Registration (receipt required) \$ _____
 Food (total amount for trip) \$ _____
 _____ breakfast @ \$7.00 = \$ _____
 _____ lunch @ \$14.00 = \$ _____
 _____ dinner @ \$20.00 = \$ _____

Total Estimated Cost for Trip \$ _____

Principal's/Supervisor's Signature

Employee's Signature

Superintendent's Signature

THIS FORM IS DUE IN CENTRAL OFFICE ONE WEEK BEFORE DATE OF TRIP