(Blue)

Effective 02/01/16 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