



LASSEN COUNTY OFFICE OF EDUCATION
TRAVEL REQUEST FORM
Conference/Workshop/Meeting

Patricia Gunderson
Superintendent

Name: _____

Date: _____

I request approval of the following trip:

Departure Date: _____

Event Date(s): _____

Event Subject/Title: _____

Event Location: _____

Estimated Expenses For the Trip Described Above:

Transportation:	Total Expense	Purchase Order # or Credit Card Used	Date Paid (Bus. Office Use Only)
Airfare: _____	_____	_____	_____
Car Rental: _____	_____	_____	_____
Using County Car? <input type="checkbox"/>	Using Personal Vehicle? <input type="checkbox"/>		
Mileage, If Using Personal Vehicle: _____	X <input type="checkbox"/> \$0.425 <input type="checkbox"/> \$0.725	_____	_____
(Only 72.5¢ If No County Car Available)			
Lodging:			
Name of Hotel/Motel: _____	Nights Stayed: _____		
Credit Card Authorization On File? <input type="checkbox"/>			
Conference Fees:			

Other Estimated Costs:			
(Parking, Taxi, Tolls, Materials, Etc.)			
Meals:	# of Meals	Total	
Breakfast	_____ x \$ 22.00	= \$ -	_____
Lunch	_____ x \$ 23.00	= \$ -	_____
Dinner	_____ x \$ 36.00	= \$ -	\$ -
(Maximums = Breakfast \$22, Lunch \$23, Dinner \$36. Meals Included in Conferences will not be paid through Per Diem)			

Requested By: _____

Total Estimated Expenses: _____

Signature

Money Available in Travel Fund? Yes No

Approval: _____

Supervisor

Date: _____

Approval: _____

Superintendent

Date: _____

Account(s) to be Charged:
