



Patricia Gunderson
Superintendent

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

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?	☐	Using Personal Vehicle?	☐			
Mileage, If Using Personal Vehicle:	_____	X	☐ \$0.405 ☐ \$0.70 (Only 70¢ If No County Car Available)	_____	_____	
Lodging:						
Name of Hotel/Motel:	_____			Nights Stayed: _____	_____	
	Credit Card Authorization On File? ☐					
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:

