

**Walla Walla Public Schools
TRIP APPROVAL REQUEST**

This form is for approval only. Request for reimbursement must be made on the regular travel expense voucher from the business office. Requests must not exceed allowable expenses as established by the district. Consult your principal/supervisor if questions. **NO EXPENSES WILL BE ALLOWED FOR OUT OF STATE TRAVEL WITHOUT PRIOR APPROVAL.** ALL TRIPS, **out of State** (excluding established Washington State border cities), must have prior approval.

Budget # _____ \$ _____ # _____ \$ _____
 Numbers # _____ \$ _____ # _____ \$ _____

Name _____ Date(s) of Trip _____

School Time Yes No Both

Destination _____

Purpose _____

Mode of Transportation: District car/van District bus Airplane
 Driving personal vehicle Passenger personal vehicle

Will a substitute be needed? Yes No If yes, which dates? _____

List names of others traveling together if by school or private car: (Please underline name of person furnishing transportation)

1. _____ 2. _____
 3. _____ 4. _____

ESTIMATED EXPENSES:

Meal Rates (including taxes and tips and incidental expenses)
 (See district website for current rates)

Breakfast Number _____ = \$ _____
 Lunch Number _____ = \$ _____
 Dinner Number _____ = \$ _____
 Totals Number _____ = \$ _____

OTHER EXPENSES: **Original** receipts, except for personal car, must be attached to voucher for items below:

Lodging (indicate number of nights) _____ at the cost of \$ _____ per night = \$ _____

Indicate round trip mileage—miles _____ at the cost of \$ _____ per mile = \$ _____

Other transportation _____ = \$ _____ Registration = \$ _____

Sundry expenses (explain) _____ = \$ _____

Substitute costs—Number of days _____ at the cost of \$ _____ per day = \$ _____

GRAND TOTAL \$ _____

Approved by _____
 Supervisor/Principal Program Director Date

ORIGINAL: Personnel (only for out of state travel) Copy for your supervisor and for your records.