Overnight Travel Request

Complete the following information to obtain pre-approval for overnight travel. If more than one person is traveling or attending an event please account for everyone. (Submit 2 weeks in advance)

Name: _____

If more than 1 person is traveling list their names:
_____

Department: Name: _____

Purpose of Travel: _____

Destination: _____

Dates of Travel: Departure _____   Return _____

Mode of Travel   Personal vehicle ☐   Carpooling ☐   Air ☐

If carpooling list drivers (carpooling when possible is highly recommended)
_____

Anticipated Expenses

		amount per person	
Registration(s):	# of people _____ @	$ _____	= _____

		amount per night	
Lodging:	# of nights _____ @	$ _____	= _____

Daily Per Diem: Breakfast _____ + Lunch _____ + Dinner _____ = _____

		daily per diem	
Meals:	# of people _____ @	$ _____	= _____

Travel:
		amount per ticket	
Airfare	# of people _____ @	$ _____	= _____

		amount per vehicle
Number of miles: _____ @	$.535 reimbursement rate	= _____

		amount per vehicle	
Mileage	# of cars _____ @	$ _____	= _____

Other modes of Travel _____ @ $ _____ = _____

Total Estimated Trip/Event Cost _____

Washougal School District reimburses for the most cost effective mode of travel. Mileage for personal vehicle reimbursement is .535 per mile per the IRS as of 1/1/17.
Out of State Per Diem and Lodging rates can be found on this website: http://www.gsa.gov

Budget Code: _____

Supervisor / Program Director Approval:
    Name: _____   Date: _____

Superintendent or Designee: [Out of State Travel]