

LAUREL HIGHLANDS SCHOOL DISTRICT
ACTIVITY, ATHLETIC, & CONFERENCE TRAVEL ESTIMATE & EXPENSE APPLICATION

Requests for conferences should be given to the appropriate department head (if applicable) and/or given to the building principal. In turn, this form should be submitted to the Central Office.

NAME: _____ DATE: _____

SCHOOL: _____ DEPARTMENT: _____

REASON FOR TRAVEL (ACTIVITY, ATHLETIC EVENT OR CONFERENCE TITLE & DESTINATION)

	<u>ESTIMATE</u>	<u>ACTUAL COST</u>
_____ Miles @ \$.70/mile	\$ _____	\$ _____
Lodging (\$ _____ x _____ days)	\$ _____	\$ _____
Tolls (Turnpike, etc.)	\$ _____	\$ _____
Dues/Registration Fees	\$ _____	\$ _____
Meals:		
Breakfast \$ _____ x _____ Days + Tips	\$ _____	\$ _____
Lunch \$ _____ x _____ Days + Tips	\$ _____	\$ _____
Dinner \$ _____ x _____ Days + Tips	\$ _____	\$ _____
Other \$ _____ x _____ Days + Tips	\$ _____	\$ _____
NOTE: MAXIMUM ALLOWANCE FOR TIPS IS 15%		
OTHER EXPENSES: (Please List)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Estimate/Actual Cost of Expenses	\$ _____	\$ _____
Less Advance (If Applicable)		\$ _____
Balance Requested for Payment		\$ _____
-OR-		
Refund Due to the District		\$ _____

Department Head/Athletic Director

Building Principal

Curriculum Coordinator/Athletic Head Coach

Superintendent

REMINDERS: 1. When requesting to attend a conference, please fill in the estimate column. After attending the conference, please complete the actual cost column and return.

REMEMBER. ALL RECEIPTS MUST BE ATTACHED.

2. All employees attending a conference or workshop must submit a complete but concise report of no more than two pages.

DATE BOARD APPROVED: _____

Date	Destination	No. Miles @ 0.70				Total
		Total Mileage Reimbursement Requested:				

Employee Signature:_____ **Approval Signature:**_____