



Sequim School District Travel Request

Form must be filled out completely

Date Received
(District Use Only)

- Prior approval must be obtained for all travel both in and out of district for any reason (travel to the ESD, conferences, student athletics, and activities which include field trips, overnight stays, etc., regardless if a substitute is needed or not. This **includes** professional development where you are out of your regular work place. **Printed** form must be submitted to supervisor so that form **reaches** the District Office at least **ten (10) business days** prior to the departure date. Estimate all expenses related to the travel event and route to the appropriate personnel for approval.
- Prior to completing this form contact District Office and/or Transportation to confirm vehicle availability. Use of private cars must be preauthorized.
- A separate form must be submitted for each instance of travel or trip. Print a copy for your records (or save the file to your computer).
- Breakfast is not provided on day of departure and dinner is not provided on day of return. No meals are provided if they are included in conference fee.
- Cancellations must be communicated to district office 3 hours prior to departure time. If a bus is reserved, call transportation with cancellation ASAP.

| Primary Traveler | |
|--|---|
| Employee Name | _____ |
| Work Location | _____ |
| Destination Full Address (include city/state) | _____ |
| Remaining in District | <input type="checkbox"/> |
| Purpose of Travel | _____ |
| Departure Date & Time | ____ ____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Return Date & Time | ____ ____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Sub Required | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |

| Additional Adult Travelers | Sub Required |
|----------------------------|---|
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |
| _____ | <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Half |

| Number of Travelers | |
|------------------------------|--|
| Adults | _____ |
| Students | _____ |
| Walking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Vehicles Requested | |
| School Car(s) | _____ |
| School Van(s) | _____ |
| Cargo Van(s) | _____ |
| Private Car(s) | _____ |
| (must be preauthorized) | |

| Busing Questions (must be filled out completely if bus desired) | |
|--|--|
| School Bus(es) | _____ Qty Desired |
| Bus(es) With Luggage Compartment | _____ Qty Desired |
| ADA Access Bus(es) | _____ Qty Desired |
| Driver request | <input type="checkbox"/> Stay <input type="checkbox"/> Drop/Return |
| Multiple Trips | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Hours | _____ |

| Busing Costs | | Busing Cost Estimates |
|-------------------|---|-----------------------|
| Number of Drivers | _____ x # Hours _____ x \$30.00/hour | |
| Number of Miles | _____ @ \$1.30/mile | |
| Driver Meal(s) | _____ Breakfast(s) x \$12.00 | |
| | _____ Lunch(es) x \$18.00 | |
| | _____ Dinner(s) x \$25.00 | |
| Ferry for Bus(es) | Small Bus(es) _____ x \$86.00 <small>Vashon \$110</small> Large Bus(es) _____ x \$115.00 <small>Vashon \$146</small> | |

| Dollar Amount or Percentage | Account Code(s) |
|---|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Requirements | |
| <ul style="list-style-type: none"> • Route this form for supervisor, principal or director approval for all travel events. • Board approval is required for any out-of-state, out-of-country, and/or overnight travel for staff and students. • Forward registration documentation and hotel reservations to accounts payable. | |

| PO# | Travel Costs | Number x Amount | Total Cost Estimates |
|--|-------------------|--|----------------------|
| ALL RECEIPTS REQUIRED | Registration Fees | _____ x _____ (forms must be attached) | |
| | Breakfast(s) | _____ x \$12.00/day including tax and 15% tip | |
| | Lunch(es) | _____ x \$18.00/ day including tax and 15% tip | |
| | Dinner(s) | _____ x \$25.00/ day including tax and 15% tip | |
| | Full Day(s) | _____ x \$55.00/day all three meals | |
| | Lodging | _____ Nights x _____ Rate x _____ Travelers | |
| | Airfare | _____ # People x _____ Rate | |
| | Ferry | _____ Cars x \$33.00 | |
| | Narrows Bridge | _____ Cars x \$5.00 | |
| | Other | Specify _____ | |
| | Mileage | _____ x \$0.58.5/mile | |
| | Substitute | _____ x \$150.00 Full Day _____ x \$75.00 Half Day | |
| Total of Travel Including Bus Costs | | | |

| Building Authorization | |
|---|------|
| Traveler | Date |
| Traveler(s) Supervisor-Principal-Director | Date |
| | |
| Athletic Director | Date |

| District Authorization | |
|--------------------------|------|
| Assistant Superintendent | Date |
| Superintendent | Date |
| | |
| Board | Date |

| Copy Distribution | | | | |
|---|--------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> HHE | <input type="checkbox"/> GWE | <input type="checkbox"/> SMS | <input type="checkbox"/> SHS | <input type="checkbox"/> OPA |
| <input type="checkbox"/> AP | <input type="checkbox"/> Trans | <input type="checkbox"/> Sup | <input type="checkbox"/> HR | <input type="checkbox"/> PR |
| Vehicle(s) Reserved | | | | |
| <input type="checkbox"/> None Available | | | | |
| Vehicle Numbers Reserved | | | | |