**Baldwinsville Central School District**

**Out of District/State Travel Request**

**Name:**

**Name of Conference :**

**Location of Conference:**

**Date(s) of Conference:**

Provide estimated expenses as follows:

**Conference Registration: $**

Please attach copy of brochure with registration form completed.

**Airfare**:  **No**  $

Airline:

Reservations will be made by:

**Overnight Accommodations:**

**Yes**   No

Number of Nights:

Name/Address of Hotel:

Reservations will be made by:

**Meals:** Meal expenses must be within an

expected range for the location.

Expenses will not exceed $

All receipts **must be itemized** and will not be accepted otherwise.

**NOTE:** **The Baldwinsville Central School District will not pay for drinks that contain alcohol. They must be paid separately.**

9/30/08

**Ground Transportation:**

Taxi, subway, airport/hotel transfers, rental car, **mileage, tolls** will be reimbursed subject to review.

Approximate Expenses: $

Please explain:

**Miscellaneous Expenses for Consideration:**

Please explain and provide estimated cost.

**\*INTERNET USAGE WILL NOT BE PAID FOR BY DISTRICT FUNDS\***

**TOTAL ESTIMATED COST OF TRIP**

**TOTAL AMOUNT APPROVED: $**

**Budget Code:**

**NOTE:**

The Baldwinsville Central School District will not pay for incidentals that are incurred during trip.

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Requestor Sign/date

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Approval