

**Baldwinsville Central School District
Out of District/State Travel Request**

Name:

Name of Conference:

Location of Conference:

Date(s) of Conference:

Arrival Time/Departure Time:

Provide estimated expenses as follows:

Conference Registration: \$

(Please attach copy of brochure with registration form completed)

Airfare: \$ **No**

Airline:

Reservations made by:

Overnight Accommodations: \$

Yes **No**

Number of Nights:

Name/Address of Hotel:

Reservations made by:

**Internet usage will not be paid for by district funds*

Ground Transportation: \$

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

Approximate expenses & explanation:

Miscellaneous Expenses for Consideration: \$

(Please explain and provide estimated cost)

Meals: \$

Meal expenses must be within an expected range for the location-not to exceed the per meal rate

<https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>

Breakfast @ =

Lunch @ =

Dinner @ =

Total Estimated Cost of Trip: \$

Total Amount Approved: \$

Budget Code:

Requestor Signature

Date

Approval Signature

My signature below attests to my attendance for the dates listed above:

**To be completed Upon Return Only*

*Signature _____

*Date of Return _____