

STAFF TRAVEL/CONFERENCE REQUEST REPORT

St. Joseph Public Schools

Effective January 1, 2024



Conference Information	Fiscal Year	2023-24
Today's date _____	Building	_____
Employee _____	Dept	_____
Conference Title _____	Dates Held	_____
Conference Sponsor (Vendor) _____		
Conference Location (City and State) _____		

Pre-approval required. Actual expenses **MUST** be submitted within two weeks following the event.

Estimated Expenses	Actual Expenses																																																																																																																			
Effective Mileage rate 1/1/2024																																																																																																																				
Mileage _____ Miles @ <u>.67/mile</u> \$ -	Mileage _____ Miles @ <u>.67/mile</u> 0																																																																																																																			
From <input type="checkbox"/> SJPS <input type="checkbox"/> Home																																																																																																																				
Other Travel: <input type="checkbox"/> SJS Veh <input type="checkbox"/> Air/Bus/Train <input type="checkbox"/> Leased Car _____	Other Travel _____																																																																																																																			
<input type="checkbox"/> Prior Approval For Leased Car _____																																																																																																																				
Registration <input type="checkbox"/> PC <input type="checkbox"/> Prepaid _____	Registration _____																																																																																																																			
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Other _____	Other _____																																																																																																																			
Total Estimated Expense \$ -	Total Actual Expense \$ _____																																																																																																																			
Prepaid registration requested _____	Less: _____																																																																																																																			
Date _____ Vendor # _____	Prepaid Check _____																																																																																																																			
<i>*Include invoice for vendor and self-addressed envelope</i>	Purchasing Card _____																																																																																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Meal Per Diem</th> <th style="width: 20%;">\$13</th> <th style="width: 20%;">\$15</th> <th style="width: 20%;">\$23</th> <th style="width: 25%;"></th> </tr> <tr> <th>Date</th> <th>B</th> <th>L</th> <th>D</th> <th>Meal Total</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>\$ -</td> </tr> </tbody> </table>	Meal Per Diem	\$13	\$15	\$23		Date	B	L	D	Meal Total																																																												\$ -					\$ -					\$ -					\$ -					\$ -					\$ -					\$ -					\$ -					\$ -					\$ -	Total Employee Reimbursement \$ _____ <b style="background-color: yellow;">PLEASE INCLUDE A REFERENCE # _____ Acct or Ref # \$ _____ _____ Acct or Ref # \$ _____ _____ Acct or Ref # \$ _____ _____ Must Match Total Actual Expense \$ -
Meal Per Diem	\$13	\$15	\$23																																																																																																																	
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Approval for Attendance	Approval For Actual Expense/Reimbursement
Supervisor _____ Date _____	Employee _____ Date _____
Assistant Superintendent _____ Date _____	Supervisor _____ Date _____
	Assistant Superintendent _____ Date _____
A COPY OF THE APPROVAL MUST BE SENT TO THE BUSINESS OFFICE PRIOR TO THE CONFERENCE.	CFO _____ Date _____