

REQUEST FOR WORK RELATED TRAVEL FORM

BERGEN COUNTY TECHNICAL SCHOOLS

BERGEN COUNTY SPECIAL SERVICES

- ALL TRAVEL MUST BE APPROVED BY THE SUPERINTENDENT OF SCHOOLS
- TRAVEL WITH A COST OF \$150 OR MORE MUST BE APPROVED BY THE BOARD OF EDUCATION
- TRAVEL ARRANGEMENTS, INCLUDING REGISTRATIONS, TO BE MADE **AFTER** ALL APPROVALS ARE RECEIVED
- STAFF IS EXPECTED TO TURNKEY PROFESSIONAL DEVELOPMENT INFORMATION TO OTHER STAFF

Date of Request: _____ Budget Acct. #: _____

Employee Name: _____ PO #: _____

School/Department: _____ # of Students: _____

Meeting/Conference Title: _____

Location (full address): _____

Day: _____ Date: _____ Time: _____ TO Day: _____ Date: _____ Time: _____

Cost to be paid by: BOE Students Sponsor (Name of Sponsor) _____

1. List names of other staff attending the event: _____

➤ Are all STAFF requesting same reimbursement amount or NO reimbursement? If so, PLEASE COMPLETE ONLY 1 (ONE) TRAVEL REQUEST FORM FOR ALL STAFF. PLEASE ENSURE THAT ALL STAFF MEMBERS ARE LISTED CLEARLY ON NUMBER 1 ABOVE or on an attachment. If different reimbursement amounts are being requested, please complete separate travel request forms for the differing amounts.

2. Annual Event: If this conference, convention, workshop, etc. is an annual event and you attended the event last year, complete the following:

Day of last year's event: _____ Total Cost Last Year: _____

3. Reasons for Attending (Objectives of and/or information to be gained at Conference) MUST BE COMPLETED

a. _____

b. _____

c. _____

PROGRAM APPROVAL:

1. Approved: _____ Date: _____

*Disapproved: Signature of Principal/Department Head

*Reason for disapproval: _____

2. Approved: _____ Date: _____

*Disapproved: Signature of Central Office Administrator

*Reason for disapproval: _____

ESTIMATED COST WORKSHEET*

	<u>Item</u>	<u>Description</u>	<u>Cost Estimate</u>
1.	Transportation: Personal Automobile	Estimated Mileage:	
	Tolls	Estimated Tolls:	
	Parking	Parking Fees	
2.	Other Transportation (Air, Rail, Bus)	Economy Tickets	
	Baggage Cost		
3.	Taxi	Estimated number of taxi rides	
4.	Meal Allowance	1 st Day of Meeting/Convention Rate: x person(s)	
		# of Full Meeting Days: x / day x person(s)	
		Last Day Meeting/Convention Rate: x person(s)	
5.	Lodging	# of Nights at Hotel: x /night x room(s)	
	Additional Lodging	# of Nights at Hotel: x /night x room(s)	
6.	Per Diem Rate	X day(s)	
7.	Overnight Stipend	X night(s)	
8.	Miscellaneous Expenses		
	(be specific)		
9.	Registration/Meeting Fee		
		Total Estimated Expenses:	

NOTES: Finding Federal OMB Guidelines for Maximum Hotel rates and daily reimbursement breakdown for Meals and Incidentals (M&IE): **1.** Go to: www.gsa.gov; **2.** Look top left at Travel Resources; **3.** Click on Per Diem Rates; **4.** You now see a US map- Place your cursor on the State you are visiting and click it! You should now see a listing of your State's cities. It shows lodging and Meals and Incidentals (M&IE). Each State and City has a different lodging and M&IE rate. Lodging expenses may exceed the federal per diem rate if the hotel is the site of the conference, seminar, or meeting. If the "conference hotel" is not available lodging may be paid for similar accommodations at a rate not to exceed the "conference hotel" rate. Kindly attach documentation.

Upon returning from the trip AND in order to be eligible for reimbursement, all employees must file a Professional Development Report with their reimbursement claim. Include key issues that were addressed at the event and its relevance to improving instruction or the operation of the district. Please use the appropriate form.

Staff member must reconcile this worksheet with actual expenditures with the Business Office. Reconciled Travel Request Form must be submitted to the Business Office within 3 weeks of the travel. **All expenditures must be documented with original itemized receipts to be reimbursed.** The Board of Education will only reimburse expenditures up to the maximum permitted by Federal OMB Guidelines.

BUSINESS OFFICE APPROVAL

1. Approved: _____ Date: _____

*Disapproved: Signature of Business Administrator

*Reason for disapproval: _____

SUPERINTENDENT APPROVAL

1. Approved: _____ Date: _____

*Disapproved: Signature of Superintendent

*Reason for disapproval: _____

Board of Education Approval Date: _____