



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 \$17.00	
	_____ Lunch(es) x \$18.00	
	_____ Dinner(s) x \$34.00	
Ferry for Bus(es)	Small Bus(es) _____ x \$86.00 Vashon \$110 _____ Large Bus(es) _____ x \$115.00 Vashon \$146 _____	

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 \$17.00/day including tax and 15% tip	
	Lunch(es)	_____ x \$18.00/ day including tax and 15% tip	
	Dinner(s)	_____ x \$34.00/ day including tax and 15% tip	
	Full Day(s)	_____ x \$64.00/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 \$0.67/mile	
	Substitute	_____ x \$175.00 Full Day _____ x \$87.50 Half Day	
Total of Travel Including Bus Costs			

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

District Authorization	
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				