

Nome Public Schools Travel and Per Diem Request

Legal Name (first, middle, last) of Individual Traveling: _____

Contact Phone (cell): _____ Male ___ Female Date of Birth: _____

Purpose for Travel: _____

(attach necessary information, e.g., agenda)

Dates of event: _____ Destination: _____

Desired Departure Date & Time: _____ Return Date & Time: _____

Funding Source(code): _____ **Total Estimated Cost of Trip: \$** _____
(to be completed by traveler)

Airfare PO#	Lodging PO#	Registration PO#	Per Diem PO#	Other PO#
-------------	-------------	------------------	--------------	-----------

Airfare:

Vendor Name: _____

Mileage #: _____

Preferred Seating: _____

Estimated Cost: \$ _____

Confirmation Code: _____

Registration:

Vendor Name: _____

Estimated Cost: \$ _____

Registration#: _____

Lodging:

Vendor Name: _____

Dates of Stay: _____

Est. Cost/Night: \$ _____ #Nights: _____

Reservation#: _____

Other Costs:

Vendor Name: _____

Please specify: _____

Estimated Cost: \$ _____

Reservation#: _____

To Calculate Per Diem, Fill in the blanks with required price. Meals included with conference should be marked with "X"

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
Date								
Breakfast \$15								
Lunch \$20								
Dinner \$25								
If an airport shuttle is not complimentary, add \$20 taxi/shuttle fee								
Total Per Diem							\$	

***Actual Cost of Trip: \$** _____

Requested by: _____

Supervisor/Budget Administrator approval: _____

Superintendent approval: _____

Business Manager approval: _____