

**WESTFIELD PUBLIC SCHOOLS TRAVEL REQUEST FORM**

**SUBMIT TRAVEL REQUESTS TO YOUR PRINCIPAL/DIRECTOR FOR APPROVAL 15 WORKING DAYS  
PRIOR TO THE DATE(S) REQUESTED**

Name \_\_\_\_\_ District Staff Development: \_\_\_\_\_ Unit A/Unit B PD: \_\_\_\_\_  
School: \_\_\_\_\_ Content/Department Area: \_\_\_\_\_ Grade Level \_\_\_\_\_  
Name of Conference/Meeting \_\_\_\_\_  
Location of Conference/Meeting \_\_\_\_\_  
Date(s) of Conference/Meeting \_\_\_\_\_

**Substitute Teacher Required:** Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Days Required: \_\_\_\_\_

**Requested Travel Expenses:**

Substitute Expense (Appx.\$80.00/day)	_____
Registration Costs	_____
Transportation, mileage, tolls	_____
Lodging	_____
Other: _____	_____
<b>TOTAL</b>	<b>\$</b> _____

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

**TO BE COMPLETED BY PRINCIPAL/DIRECTOR**

Request Approved: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Above costs will be paid from site/department budget: YES \_\_\_\_\_ NO \_\_\_\_\_  
(If No, Section 3 must be completed for funding source)

**\*\*\*\* TO BE COMPLETED BY THE SUPERVISOR OVERSEEING FUNDING SOURCE \*\*\*\***

Grants: \_\_\_\_\_ Special Education: \_\_\_\_\_ LEA: \_\_\_\_\_ District SD: \_\_\_\_\_ Unit A/Unit B PD \_\_\_\_\_

**Approved reimbursable expenses:**

Substitute Expense (Appx.\$80.00/day)	_____
Registration	_____
Transportation/mileage/tolls	_____
Lodging	_____
Other _____	_____
<b>TOTAL</b>	<b>\$</b> _____

**Obtain Approval Signature:**

Business Manager \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator for Special Ed. & Student Services \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Assessment & Accountability \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Curriculum & Instruction \_\_\_\_\_ Date: \_\_\_\_\_  
Grant's Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

**ALL OUT-OF-STATE TRAVEL MUST BE APPROVED BY THE SUPERINTENDENT OF SCHOOLS**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Total approved for payment \$ \_\_\_\_\_

\_\_\_\_\_  
Stefan Czaporowski  
Superintendent of Schools

\_\_\_\_\_  
Date

**PROCEDURE and BACKUP REQUIRED FOR REIMBURSEMENT OF APPROVED COST(S)**

**Failure to submit the required backup will result in inability to process reimbursement or payment of purchase order.**

*For reimbursement of allowable cost(s), please submit the following to the Office of Assessment & Accountability AFTER travel:*

**A. Completed "Travel Reimbursement Expense Sheet"** with the attached applicable backup.

**B. Proof of payment:**

Registration: (Personal Check)

A copy of the canceled check (both sides) OR

A copy of the front of the check and copy of the statement showing check number and amount clearing.

Registration: (Credit Card)

Copy of statement (block out all but name and charge information pertaining to workshop).  
If possible also include a copy of the charge receipt.

Other expenses: **Original:** receipt(s), confirmation), mileage, toll receipts, paid bills, etc.

**C. Proof of attendance:** Copy of agenda, Certificate of Attendance, etc.

pc: Funding Sources: LEA Funds  
Special Education  
Grants  
**District PD**  
Unit A and Unit B PD  
District Staff Development

Business Manager  
Administrators of Special Ed. & Student Support  
Grant's Coordinator & Director of Student Interventions (Title I)  
Director of Assessment & Accountability  
Director of Curriculum & Instruction