

Baker School District 5J

Code: **DFJA-AR**
 Revised/Reviewed: 11/16/04
 Orig. Code(s): DFJA-AR

Baker School District 5J Conference Travel Form

Name _____ School _____ Destination _____
 Conference Dates _____ Purpose/Conference Name _____

 Employee Signature Date

Budget Code _____
 Approval - Principal/Supervisor Signature _____ Date _____

<p>LODGING Name _____ Address _____ Phone _____ Smoking _____ Non-Smoking _____ Dates _____ Cost/Day \$ _____ Confirmation No. _____ Pre-Payment \$ _____ By district Yes _____ No _____ PO# _____ (D.O. Use Only)</p> <p>REGISTRATION Due by _____ By district Yes _____ No _____ PO# _____ (D.O. Use Only)</p>	<p>TRANSPORTATION</p> <p>1. District Vehicle: Car _____ Van _____ No. Adults _____ No. Students _____ Pick-up Date/Time _____ Returning Date/Time _____</p> <p>2. Prefer own vehicle/School District Credit Card Yes _____ No _____</p> <p>3. Private vehicle (Only when district vehicle not available) _____ A. Gas only (School District Credit Card)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>_____ B. Mileage paid @ 25 cents/mile (requires approval signature of Principal/supervisor below)</p> <p style="text-align: right;">_____ Approval - Principal/Supervisor Date</p> </div> <p style="text-align: right;">Budget Code _____ (D.O. Use Only)</p> <p style="text-align: right;">_____ Approval - Transportation Supervisor Date</p>
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REIMBURSEMENT (SAVE RECEIPTS TO TURN IN WITH YELLOW COPY OF THIS FORM)

FOOD insert dollar amounts

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Breakfast								Total: \$ _____
Lunch								
Dinner								

REGISTRATION

Cost \$ _____

FUEL

Gas \$ _____
 Miles _____ @ .25 = \$ _____
 (If approved on #3.B.)

LODGING

Reimbursement Amount \$ _____

 (Employee Signature for reimbursement after district office approval) Date Approval - Business Manager Date

White-District Office Yellow-Employee Pink-Principal/Supervisor Goldenrod-Transportation

Baker School District 5J
Request for Purchase Order for District Funds

Date Required By: _____ Department Name: _____

School Name: _____ Function/Area Numbers: _____

Vendor's Name _____

Street _____

City _____ State _____ Zip _____

Object Number	# of Items	Item and Item Number(s)	Cost per Item	Total Cost
Teacher's Signature _____ Date _____			TOTAL	\$

Principal's Signature _____ Date _____