





**Black Butte School District 41**  
**Travel Request**

(Instructions: Prior to trip, complete part 1 and submit with requisition for approval)

Name of Employee \_\_\_\_\_ Conference date(s) \_\_\_\_\_

Topic/Title of Conference \_\_\_\_\_

Conference Location \_\_\_\_\_  
City/State

Car Pool Participants \_\_\_\_\_

Estimated Trip Expenses:	Mileage	(# _____ miles x 35 cents)	\$ _____
	Registration fee paid by employee		\$ _____
	Meals	(# _____ breakfast @ \$8.50)	\$ _____
		(# _____ lunch @ \$12.00)	\$ _____
		(# _____ dinner @ \$15.00)	\$ _____
	Lodging	(# _____ nights)	\$ _____
	Total expenses claimed		\$ _____

Reimbursement is actual, any difference of meal costs can be addressed by the Board's designee at the time receipts are turned in for reimbursement.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

## Black Butte School District 41 – Contract Transportation – Mileage Reimbursement

Name of guardian \_\_\_\_\_ For month ending

Name of student(s) \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Black Butte School District will pay mileage at 35 cents per mile to the nearest bus stop or Black Butte School, whichever is closest. BBS will pay mileage reimbursement only when the student is in the car. No mileage is paid for students who drive themselves. One reimbursement check is made out to the parents (not the drivers). No reimbursement will be made if someone other than the parent picks up or drops off the student. If a student is picked up before school ends for an appointment, (or brought in late due to an appointment), there is no mileage paid for that trip. Parents are responsible for submitting accurate mileage reimbursement forms to the Board’s designee for review by the last working day of the month. The Board’s designee will review and note any discrepancies and sign. The forms will then be forwarded to the business department for payment.

Date	AM Mileage	PM Mileage	Total Mileage
Total miles claimed for reimbursement			

x      \$.35/mile

Total reimbursement

\$

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Board’s Designee Signature \_\_\_\_\_

Date \_\_\_\_\_