Spooner Area School District

OUT OF DISTRICT TRAVEL
Due 30 Days Prior to Traveling

Employee Name:		Date Submitted:	

Each employee must submit a separate form

Event Information

Event:		**Please register for your own event**	
Location:		Registration Fee:	$
Dates:		Purchase Order:	#

Employees traveling on behalf of the district are required to follow the employment expectations when representing the district. Guidelines for conduct, attendance, dress code, records, etc. remain. Employees also agree to provide follow up training to staff, publications in the paper and social media, and/or a short report to the school board on how the professional opportunity will influence work in SASD.

Lodging (if destination is more than 120 miles from Spooner)

- Prior to submission, please contact the hotel and conference to ensure you are able to meet their COVID requirements (testing, vaccination, masking, etc.)
- If traveling with multiple staff members, you may be required to share a room.
- Once your hotel has been reserved, a confirmation email will be sent to you. Please submit a Purchase Order for the reservation using Cardmember Services as the vendor. Once the PO is approved email a copy to Sarah Hansen.

Hotel of choice:		Phone:	#
Check in/check out:	--	Room block code:	

Other staff members requiring lodging:

District Office Use Only			
# of nights: _____	Rate per night: $ _____	Total	$
Confirmation:		Purchase Order:	#

Vehicle Reservation

Dates needed:		Vehicle assigned:	
Number of Passengers:		**You will be notified if a vehicle is not available**	

Meal Allowance is $30 per day

- Gratuity is standard 15%. Meal limits are set, additions will not be reimbursed. Meals are not reimbursable if meal would have otherwise been provided by the hotel or conference. (Ex. Continental breakfast, lunch provided by conference)
- Please submit itemized meal receipts and an approved check request to Trish Vazquez, Bookkeeper.
- All claims for reimbursement close 30 days from travel.

□ **Approve**   □ **Deny**   Supervisor _____   _____
                                              Signature   Date

□ **Approve**   □ **Deny**   District Office _____   _____
                                              Signature   Date