



Summit Educational Service Center Travel Request Form

Travel Form is: Part I: Approval for Estimated Expenses Part II: Actual Expenses (Reimbursement)

Date document submitted for approval: _____

PART A:

Office and/or Department _____

1. Purpose of Trip: _____

Destination: _____

Person Authorized/Expenses Incurred by: _____

2. Departure: Date: _____ Time: _____ Return: Date: _____ Time: _____

PART B:

Estimated Actual Travel/Transportation and Related Costs:

Note: Always compare private vehicle to the "Air, Train, or Bus;" and then circle the recommended method of transportation. Private vehicle reimbursement is the current IRS reimbursement rate. **NOT TO EXCEED 300 MILES ONE WAY.**

Cost of Travel:

Miles: _____

Private Vehicle _____

Air, Train, or Bus _____

Taxi or Public Transportation _____

Parking Fees _____

TOTAL TRANSPORTATION _____

Registration/Conference Fees _____

Hotel/Motel Accommodations _____

For Reimbursement:

Did travel outside county
require an overnight stay?

Yes No

Related Expenses:

MEALS: Trip must commence before 6:00 a.m. to include breakfast and conclude after 7:00 p.m. to include dinner. Please List Number of meals beside the maximum amount allowed for each meal.

In State / Outside County

Breakfast _____ \$13.00 max.

Lunch _____ \$15.00 max.

Dinner _____ \$26.00 max.

Outside the State

Breakfast _____ \$13.00 max.

Lunch _____ \$15.00 max.

Dinner _____ \$26.00 max.

Incidental Expenses: (All other allowable expenses - Please list) i.e. wireless connect fees, fax, phone, etc.

TOTAL COSTS: Estimated

Actual*

*Include all receipts with this form

Approval:

"I hereby certify that I have automobile liability insurance in accordance with Section 4509.01 of the Ohio Revised Code and that I have a valid Ohio Driver's License which is not suspended or revoked." I further certify, in compliance with Ohio Ethics Commission Advisory Opinion No. 91-010, that I am not accumulating any "frequent flyer" miles or "cash back rewards" for personal use as a result of this travel.

Supervisor: _____
Signature Date

Superintendent or Board President:

Signature Date

Treasurer:

Signature Date

Employee Signature Date

Office Use:
P.O. No.
Fund Acct No.