



Request For Permission to Attend *(continued)* – Lodging Form

If Lodging is requested, the following form must be completed and pre-approved

Please review:

Adrian Public Schools Employee Reimbursement, Business and Travel Expenses and Conference Expenses – Administrative Guidelines, Policy DCC-R

Conference Start Date: _____ Conference Start Time: _____ Conference End Time: _____

How many days is the conference? _____

Are there any meetings outside of the conference? Yes No If yes, when and the purpose:

BREAKDOWN OF LODGING/TRAVEL EXPENSES

Hotel Name: _____ Phone No: _____

Cost of lodging per night: \$ _____

Number of nights: _____

Total cost of lodging requested for one room: \$ _____

Number of miles (one way) to conference: _____

Current IRS mileage rate (per mile): \$ _____

Travel cost for one way: \$ _____

Travel cost to travel back and forth each day: \$ _____

Total cost to drive back and forth to conference each day: \$ _____

Are you carpooling with other attendees? Yes No

If yes, how many individuals are riding together? _____

How many rooms are those individuals requesting? _____

Total cost of lodging requested: \$ _____

Signature _____ Date _____
Employee Signature

Additional Notes/Comments:

Signature _____ Date _____
Principal/Supervisor

Signature _____ Date _____
Principal/Supervisor

Signature _____ Date _____
Superintendent/Designate

Signature _____ Date _____
Business Office