



# Summit Educational Service Center

## Travel Request Form

**Part A:**

Name \_\_\_\_\_ Office/Department \_\_\_\_\_

Date of submission \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

Destination \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

**Part B:** Are these expenses actual \_\_\_\_\_ or estimated \_\_\_\_\_

Payable to \_\_\_\_\_ Address \_\_\_\_\_

<b>Transportation</b>	
Miles travelled	
Private vehicle	
Air, Train, Bus, Taxi, Public Transport	
Parking Fees	
<i>Total Transportation</i>	\$
<b>Accommodations</b>	
Overnight stay required (out of county)	Yes No
Hotel/Motel	
<i>Total Accommodations</i>	\$
<b>Meals</b>	
	#
Breakfast (\$13.00 max)	#
Lunch (\$15.00 max)	#
Dinner (Trip must commence before 6:00 a.m. to include breakfast and conclude after 7:00 p.m. to include dinner– \$26.00 max)	#
<i>Total Meals</i>	\$
Incidental Expenses (wireless connection fees, phone, fax)	\$
Estimated	\$
Actual (include all receipts)	\$
Total	\$

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.

**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.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent or Board President: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Treasurer: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_