



# Summit Educational Service Center Travel Request Form

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

PERSON AUTHORIZED/EXPENSES INCURRED BY: \_\_\_\_\_

### PART A:

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

1. Purpose / Event: \_\_\_\_\_

Destination (City/State) \_\_\_\_\_

2. **Departure:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ **Return:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

### PART B:

#### Estimated or Actual Travel Expenses:

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.**

#### Travel Expenses:

Miles: \_\_\_\_\_

Private Vehicle \_\_\_\_\_

Air, Train, or Bus \_\_\_\_\_

Car Rental/Taxi/Uber/Lyft \_\_\_\_\_

Parking Fees \_\_\_\_\_

**TOTAL TRANSPORTATION** \_\_\_\_\_

ESC Credit  
Card Charge

#### For Reimbursement:

Did travel outside county  
require an overnight stay?

YES  NO

Registration/Conference Fees \_\_\_\_\_

Hotel/Motel Accommodations \_\_\_\_\_

Other: \_\_\_\_\_

#### 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. (15% max gratuity allowed for reimbursement)

#### Meal Reimbursement:

Breakfast \_\_\_\_\_ X \$15.00 max. = \_\_\_\_\_ **TOTAL**

Lunch \_\_\_\_\_ X \$19.00 max. = \_\_\_\_\_ **TOTAL**

Dinner \_\_\_\_\_ X \$30.00 max. = \_\_\_\_\_ **TOTAL**

**TOTAL COST:**  Estimated  **Actual** \*Include all receipts with this form

**Reimbursed to Employee:** \_\_\_\_\_

**Total ESC Credit Card Charges** \_\_\_\_\_

### 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 \_\_\_\_\_