

**JACKSON R-2 SCHOOLS**  
**ABSENCE/TRAVEL REQUEST AND REIMBURSEMENT**

Submit request to building principal well in advance of meeting or activity date.  
A separate form should be completed for each participant and trip.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ ACTIVITY DATE(S): \_\_\_\_\_

**SUBSTITUTE REQUIRED:** YES  NO  # of Days Sub Needed \_\_\_\_\_  
*(Please attach completed registration form)*

**REGISTRATION REQUIRED:** YES  NO  Total Cost of Registration \_\_\_\_\_

Make PO/CK payable to: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OTHERS ATTENDING:** \_\_\_\_\_

**LODGING REQUIRED:** YES  NO  # of Nights for Lodging \_\_\_\_\_

Will Accept Purchase Order? YES  NO  Total Room Charge \_\_\_\_\_  
*(Please contact hotel for total room charges. Inform hotel that Jackson R-2 School District is Tax Exempt)*

Make PO/CK payable to: \_\_\_\_\_

Full Address: \_\_\_\_\_

# of Rooms Needed: \_\_\_\_\_ SINGLE  DOUBLE  Rooming with: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Confirmation # \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CAR RENTAL REQUESTED:** YES  NO  *(The district is restricted from renting 12 or 15 passenger vans)*  
*"Please attach completed Enterprise Rental form"*

Others Traveling in Rental Vehicle: \_\_\_\_\_

**APPROVAL**

APPROVED FOR: \_\_\_\_\_ ABSENCE \_\_\_\_\_ MILEAGE \_\_\_\_\_ LODGING \_\_\_\_\_ MEALS \_\_\_\_\_ REGISTRATION FEES \_\_\_\_\_ OTHER \_\_\_\_\_

PRINCIPAL'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_ SUPT/ASST SUPT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

**VERIFICATION**

REGISTRATION: PO/CHECK #: \_\_\_\_\_ MAILED: \_\_\_\_\_ OR RETURNED TO PARTICIPANT: \_\_\_\_\_ INTL \_\_\_\_\_

LODGING: PO/CHECK #: \_\_\_\_\_ MAILED: \_\_\_\_\_ OR RETURNED TO PARTICIPANT: \_\_\_\_\_ INTL \_\_\_\_\_

VEHICLE RENTAL: PO#: \_\_\_\_\_ MAILED: \_\_\_\_\_

**REIMBURSEMENT**

Payable only after proper approval and only for attached receipts/invoices. *(Do not include prior district advanced payments in this section.)*

CHECK PAYABLE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONAL VEHICLE MILEAGE.....# OF MILES \_\_\_\_\_ X \$.45.....COST: \$ \_\_\_\_\_

MEALS..... (Attach receipts - Breakfast \$8.00 - Lunch \$12.00 - Dinner \$20.00 - tip included in rate)...COST: \$ \_\_\_\_\_

OTHER..... (Attach invoice or receipts).....COST:\$ \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED.....\$ \_\_\_\_\_**

**EMPLOYEE'S SIGNATURE \_\_\_\_\_**

2214-6343 Prof Development  2213-6343 CSPD  2215-6343 Title II Eisenhower  Other \_\_\_\_\_