Battenkill Valley Supervisory Union
Arlington School District

529 E Arlington Road
Arlington, VT 05250

PROFESSIONAL TRAVEL APPLICATION

(To be filled out completely by person making request prior to expsenses being incurred)

Name _____ Today's Date _____

Circle one: Arlington School District Battenkill Valley Supervisory Union

To the administrator:
I hereby ask permission to attend the workship/conference designated below and request reimbursement for such expenses as indicated below.
(Receipts must accompany request for reimbursement)

Name of conference or workshop: _____

Date(s) of conference/workshop _____

Location of conference/workshop _____

Registration Fees: _____

Travel	_____	miles @ $0.545/mile			$ _____
Meals	Breakfast	(max $10.00/meal)	$ _____		
	Lunch	(max $13.50/meal)	$ _____		
	Dinner	(max $22.50/meal)	$ _____		$ _____
Lodging	_____	nights @	$ _____	/ night	$ _____
Other	_____				$ _____
			Total Estimated Expenses		$ _____

Note: Receipts required for reimbursement. No alcohol will be reimbursed.

Signed _____

Approval _____
(Building Principal)

Approval _____
(Superintendent of Schools)

Account code: _____