

Travel Checklist

The following items must be attached to all professional trips for travel approval.

- _____ A. Attach a copy of the registration or itinerary
- _____ B. Date of Board Approval
- _____ C. Personal Vehicle Documentation (If applicable)
 - Copy of the Vehicle Registration
 - Copy of the Insurance Identification Card
- _____ D. Lodging Information (if applicable)
 - Attach a copy of hotel costs
- _____ E. Travel Mileage documentation (If applicable)
 - Mapquest
 - Google Maps
 - Yahoo Maps
- _____ F. Transportation
 - Attach a copy of any of the following documentation
 - Airfare
 - Train
 - Taxi
 - Ferry
 - Shuttle
 - Tolls
 - Parking

Hopewell Valley Regional School District
Request for Approval of Professional Trip

This form is to be submitted to the Supervisor at least **six (6) weeks** prior to conference date.

To:	Name of Principal or Administrator/Supervisor		
From:	Name of Employee (Please Print)	Location of Employment	Grade/Subject
I hereby request permission to attend:	Name of Convention, Conference, or Meeting (include copy of registration form and agenda/brochures)		
Sponsored by:	Name of Sponsor Group	Street Address	City, State, Zip
To be held at:	Name of Conference Site	Street Address	City, State, Zip
On:	Dates of Conference – Please include days of week.		
A substitute will be necessary.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Estimated Costs (Indicate where Applicable)

Registration Fee

\$

Lodging (hotel) – Include Tax _____ nights @ \$ _____ per night \$

Is the Conference on the same site as the Hotel? Yes No

Meals / Incidentals - Allowable Rates (see OMB Guidelines) \$

Transportation (Mileage) -- Own Car _____ miles @ .31 Cents per mile \$

Tolls (receipt required) \$

Parking (receipt required) \$

Other Transportation – Circle one Airfare Bus Taxi \$
 Train (receipt required)

Miscellaneous Expenses (explain) (receipt required) \$

TOTAL ESTIMATED COSTS \$

Budget Account Number

Documentation/Justification – Separate Paper Attachment

Pursuant to N.J.A.C. 6A:23A-7.5, you shall provide a brief statement that includes the primary purpose of the travel and key issues that will be addressed at the event. For training events, whether the training is needed for a certification required for continued employment, continuing education requirements, requirements of Federal or State law, or other purpose related to the programs and services currently being delivered or soon to be implemented in the school district; or related to school district operations; Finally, how will you share what you have learned with your colleagues.

A copy of the travel event agenda, itinerary shall be attached to the request form.

Have you attended a workshop on this topic in the past? If so, when and what was the cost of the trip?

Number of PD days approved to date: _____

Approvals	Please circle		Signature	Date
Supervisor	Approved	Not Approved		
Building Principal	Approved	Not Approved		
Director of Curriculum & Staff Development	Approved	Not Approved		
Assistant Superintendent	Approved	Not Approved		
Superintendent	Approved	Not Approved		

Board Resolution required - Approved by Board of Education? ____ Yes ____ No Meeting Date: _____

Certification by Employee

I certify that the information provided in this document is accurate to the best of my knowledge. I have also read and understood the *Administrative Rules for Employee Travel* issued by the school district.

Employee Signature	Date

Hopewell Valley Regional School District Request for Approval of Professional Trip

These forms should be submitted immediately upon return from professional trip

Travel Reimbursement Voucher

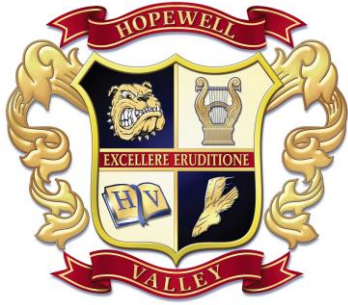
Employee Name: _____ **Position Location:** _____

Date of Event: _____ **Event:** _____

Date/Desc.	Mileage			Travel Costs			Total Amount Across each row
	From School or home whichever is closer	To City & State	Mileage (.31)	Fares: Train Cab Ferry Shuttle Tolls (Receipts Required)	Lodging/Reg. Fee If paid personally) (Receipts Required)	Meals and Incidental based on Federal OMB Guidelines (No receipts)	
Grand Total							

I certify that the above expenses were incurred on behalf of the Hopewell Valley Regional School District

Signature of Applicant: _____ Date: _____



Professional Trip Report Form

The School District Accountability Law requires the submission of a report of what was achieved/gained from the professional experience to the Business Administrator prior to receiving reimbursement for expenses.

Name: _____ **Building:** _____

Title and Date(s) of the event: _____

Objective(s) Achieved:

Signature of Participant: _____ **Date:** _____

PROFESSIONAL TRIP SCHEDULE

January 2018-Janary 2019

Below is the deadline to submit professional trip forms \$150 or more to C&I for board approval. If the form **is not** received by the date indicated, you **will not be approved** to attend. All costs will be at your own expense.

Deadline Request for Professional Trips Forms to Curriculum & Instruction	Meeting Date
1/11/18	1/22/18
1/29/18	2/12/18
3/5/18	3/19/18
3/29/18	4/16/18
5/7/18	5/21/18
6/11/18	6/25/18
6/29/18	7/16/18
8/6/18	8/20/18
8/30/18	9/17/18
10/1/18	10/15/18
10/29/18	11/12/18
11/26/18	12/10/18
12/24/18	1/7/19