



Newberg School District 29I  
 714 E Sixth Street  
 Newberg, OR 97132  
 (503) 554-5000 Fax (503) 537-3237

**STAFF TRAVEL ADVANCE AND/OR PER DIEM REQUEST**

NAME: \_\_\_\_\_ LOCATION : \_\_\_\_\_

EMPLOYEE# \_\_\_\_\_ TRAVEL DATES: \_\_\_\_\_

REASON/DESCRIPTION OF TRAVEL: \_\_\_\_\_  
 \_\_\_\_\_

CONFERENCE / WORKSHOP NAME: \_\_\_\_\_  
 \_\_\_\_\_ I have attached a copy of the conference brochure or meeting agenda (required)

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_

**I AM REQUESTING:**

Per Diem for Meals & Incidentals (meals, food, beverages, & gratuities)

\_\_\_\_\_ DAYS@ \$ \_\_\_\_\_ PER DAY= \$ \_\_\_\_\_

Travel Advance for Lodging

\_\_\_\_\_ DAYS@ \$ \_\_\_\_\_ PERDAY= \$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED: ::::::::::: =====. -::: =

\_\_\_\_\_ I have attached a copy of the current GSA rates for my destination city (required)

BUDGET ACCOUNT CODE : \_\_\_\_\_

I understand that rates for lodging and per diem are the rates established by the US General Services Administration (GSA) for the given city of travel. Rates may be found at [www.gsa.gov](http://www.gsa.gov).

I understand expenses in excess of the per diem or lodging advance are ordinarily the responsibility of the traveler and may only be reimbursed with superintendent approval.

I understand alcohol shall not be purchased utilizing per diem funds.

I understand that at least 7 working days are required for processing an advance check after the approved request is received by the business office.

I understand in the event of loss, I am personally responsible for the cash advance issued to me.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator / Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Business Services

\_\_\_\_\_  
Date