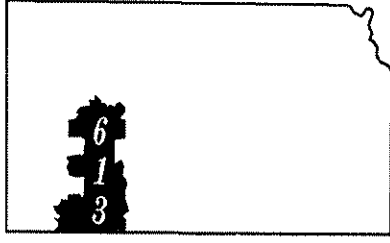


Southwest Kansas Area Cooperative District #613



001 Ford Street
Ensign, KS 67841
Phone: (620) 865-2054 Fax: (620) 865-2055
Website: <http://www.skacd.com>

"Providing Exceptional Education for Exceptional Children"

TRAVEL FORM

Date of Request _____ Date of Activity _____ Activity Location _____

Person making request _____ Position _____

Total Time (days) _____

Description/Purpose of Activity _____

Other People who will be included in this request _____

School Auto Needed NO YES Date Needed _____ Date to Return _____

Time Needed _____ Time to Return _____

ANTICIPATED EXPENSES:

Mileage: # Miles _____ @ .51 _____

Lodging: # of Nights _____ x \$ _____ x _____ person(s) _____

Meals: # of Meals _____ x \$ 7.50 x _____ person(s) _____

Registration: _____ prepaid, Check # _____

Other: *Itemize* _____

TOTAL EXPENSE \$ _____ \$ _____

Local Administrator

Approved YES NO

SKACD 613 Director

Approved YES NO

Expense claims will not be paid until they have been approved at the regular meeting of the Board.

*Attach receipts for meals, lodging, transportation for public carrier and other tangibles with actual expense tabulation.