

# SWAEC Perkins Consortia Travel

## Prior Approval to Exceed the GSA Form 2018-2019

(This form **MUST** be completed and all approvals secured for any Perkins related travel.)

Date of Request: \_\_\_\_\_ Date(s) of Travel: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Event Name \_\_\_\_\_ Date(s) \_\_\_\_\_ Location \_\_\_\_\_

Purpose of Attendance: \_\_\_\_\_

**Please Check ONE Performance Indicator below that is the Primary Focus of Activity**

CTE Skills  Academic Skills  Graduation Rate  Placement  Non-Trad. Enrollment/Completion

### Expected Costs for Travel

Registration Fees \_\_\_\_\_ \*Lodging \_\_\_\_\_ Airline \_\_\_\_\_ Mileage \_\_\_\_\_ Taxi/Shuttle Fee \_\_\_\_\_

Parking \_\_\_\_\_ Meals \_\_\_\_\_ Other \_\_\_\_\_ EST TOTAL \_\_\_\_\_

***Is the activity and cost necessary, reasonable and allocable by a prudent person's standard? Yes or No***

*\*The GSA Per Diem [www.gsa.gov](http://www.gsa.gov) per night is \_\_\_\_\_. I am requesting permission to exceed the rate by \_\_\_\_\_ per night (explanation) \_\_\_\_\_*

*I understand In-Service and Professional Development activities which involve **any** expenditure of Perkins Funds cannot be used to meet required hours for teacher licensure.*

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*\*Signatures Below Indicate Approval of Trip\*\***

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT INFORMATION**

- Receipts must accompany all lodging and travel requests along with copy of agenda/program.
- Mileage reimbursement is currently \$ 0.42 (As of 11/18/2018, Subject to Change) per mile from City to City **ONLY**.
- Documentation related to Travel expenses incurred by you or the School District for an approved trip should be submitted within **2 months** of Travel for reimbursement processing. If travel crosses June 30-July 1<sup>st</sup> documentation should be submitted by **July 5<sup>th</sup>**.
- If registration is paid and traveler does not attend, the traveler/district is responsible to reimburse the SWAEC Carl D. Perkins. Also, if ACE does not approve reimbursement to Cooperative, traveler/district is responsible to reimburse the SWAEC Educational Service Cooperative.
- **Please submit this form to the CTE Coordinator *at least 4 Weeks* prior to travel**