



Federal Programs Non-Public/Private Schools TRAVEL REQUEST FORM

Today's Date _____ School _____

Please select the funds that will be used: Title I Title II Title III Title IV

Employee Information *(please print legibly)*

Name _____ Gender Male Female
(Name as government-issued ID) Date of Birth (mm/dd/yyyy) _____

Position/Title _____ BCS Employee ID# _____

Mailing Address (street, city, state, & zip) _____

Phone Number _____ Email Address _____

Trip Information *(include a copy of the conference agenda)*

Conference Name _____

Conference Start Date _____ Conference End Date _____

Destination of Trip (city & state) _____

Departure Date _____ Return Date _____

Estimated Expenses *(include a copy of the completed registration)*

Transportation Flight \$ _____ or Private Vehicle, roundtrip miles _____ x Federal Rate (\$0.58) \$ _____

Meals \$ _____ Estimate meals using the per diem rates from GSA website: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Lodging \$ _____ Include any special accommodations required: _____

Registration \$ _____ Other Expenses \$ _____ Please describe: _____

TOTAL OF ESTIMATED EXPENSES \$ _____

Employee Signature _____ Date _____

Recommended by Non-Public/
Private School Principal _____ Date _____

Approved by
BCS Federal Programs Director _____ Date _____