

Employee Overnight Travel Request - Form 705

Conference or Training Itinerary/Schedule must be attached in TripTracker, along with this form.

Contact Name:	Account to be Billed:	
Names of Employees Traveling:		Total Number Employees
Reason for Trip:		Total Number People
Destination:	Conference/Event Cost per Attendee (if applicable):	
Other Costs (parking, shuttle, taxi, etc.):	Total for "Other Costs":	
Departure Date/Time:	Return Date/Time:	

Transportation Type:

- District Vehicle
- SUV
- Private Vehicle Year/Make/Model/VIN:
- Rental Car

Flight Information & Cost (per person):

Reference [Administrative Letter 25](#), and attach proper documentation for flight(s).

Airline:	Estimated Cost:
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Hotel Information & Cost (per person):

Out of State Hotels attach conference hotel info, or bids

Select One: School CC or PCard Direct Bill DO CC	Utah Approved Hotel List Link
Hotel Name:	Est. Cost per Night: Night(s):

Per Diem Costs (per person):

	Breakfast	Lunch	Dinner
Number of meals provided by hotel and/or conference:			
Number of meals to be reimbursed by the district/reimbursement \$ per meal:			
Private Vehicle Mileage Per Diem:	Estimated Miles:	Reimbursement \$/Mile:	# of Vehicles:

Reference [Administrative Letter 25](#) for Food & Mileage Per Diem.

Estimated Total Trip Expenses (automatically calculated from above):

	Individual	Group			
Flight:			Breakfast Total \$:	Lunch Total \$:	Dinner Total \$:
Hotel:					
Food Per Diem:					
Conference Registration:			Individual Subtotal (Not including "Mileage" & "Other"):		
Mileage Per Diem:			Group Subtotal (Not including "Mileage" & "Other"):		
Other (parking, shuttle, taxi, etc.):			Total for "Mileage" and "Other":		
			Total Estimated Cost:		

Administrator Approval: _____

December 7, 2022