



**REQUEST FOR OUT OF DISTRICT ATTENDANCE**

All requests for out of district attendance that involve time away from work and/or reimbursement from district funds must be filed and approved prior to such attendance via this form. Reimbursement of travel expenses will be in accordance with Board Policy 5341. No reimbursements will be granted without prior approval.

EMPLOYEE NAME MDSD Certified Staff (x8) DATE May 5, 2026

SCHOOL: MDHS, HHS, PLMS, BRMES, and DES

TRAVEL REQUESTED/CONFERENCE NAME: National Council of Teachers of Mathematics DATES October 28-31, 2026

LOCATION ADDRESS: Colorado Convention Center 700 14th. Denver, CO. 80202

IS LODGING NEEDED  YES  NO HOW MANY NIGHTS? 4

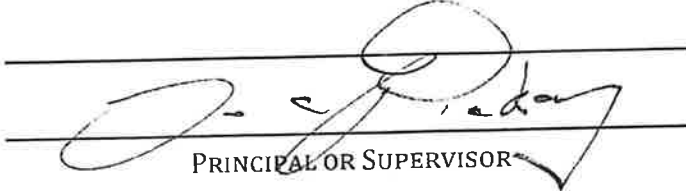
ARRIVAL DATE: October 27, 2026 DEPARTURE DATE: October 31, 2026

ESTIMATED EXPENSES BUDGET ACCOUNT REQUIRED 100 E 632 000 310 000 000

1. Registration	3720	
2. Transportation/Mileage	3507	<u>          </u> Miles Driven X .725 Mileage is reimbursed at 72.5 cents per milc.
3. Meals	2520	Per Diem - IN STATE: \$16 Breakfast, \$18 Lunch, \$27 Dinner OUT OF STATE: \$19 Breakfast, \$21 Lunch, \$31 Dinner
4. Lodging <small>Arrangements must be made by District Office</small>	4000	Please budget for an average of \$170/night.
5. Other Costs	100	Ex. Parking fees, airline fees, Uber, etc.
6. Substitute	2400	Daily Rate: \$125.
<b>TOTAL ESTIMATED EXPENSES</b>	<b>16247</b>	

**Reimbursements will not be made from this request.** Registration and Lodging fees are normally billed to the District through the purchase order system. An Expense Voucher for reimbursement of travel expenses must be submitted to the approving Principal or Supervisor for approval following return. The Expense voucher will be submitted to the District Office for payment by the approving Principal or Supervisor. **I certify that I have a valid Driver's License and personal automobile insurance with minimum liability limits of \$100,000/\$300,000.**

SIGNATURE OF EMPLOYEE \_\_\_\_\_

APPROVED BY  \_\_\_\_\_ DATE May 5, 2026

PRINCIPAL OR SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT OR BUSINESS MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

SPECIAL CONDITIONS



# REQUEST FOR OUT OF DISTRICT ATTENDANCE

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EMPLOYEE NAME Shannon Carheden DATE 4/12/26

SCHOOL: McCall Donnelly HS

TRAVEL REQUESTED/CONFERENCE NAME: AP Institute DATES 6/22-25

LOCATION ADDRESS: Augsburg University 2211 Riverside Avenue, Minneapolis, MN 55454

IS LODGING NEEDED  YES  NO HOW MANY NIGHTS? 5

ARRIVAL DATE: 6/21/26 DEPARTURE DATE: 6/25/26

ESTIMATED EXPENSES BUDGET ACCOUNT REQUIRED

1. Registration	0 (AP grant)	
2. Transportation/Mileage	159.5	<u>220</u> Miles Driven X .725 Mileage is reimbursed at 72.5 cents per mile.
3. Meals	336	Per Diem - IN STATE: \$16 Breakfast, \$18 Lunch, \$27 Dinner OUT OF STATE: \$19 Breakfast, \$21 Lunch, \$31 Dinner
4. Lodging <small>Arrangements must be made by District Office</small>	850	Please budget for an average of \$170/night.
5. Other Costs	601 (air)	Ex. Parking fees, airline fees, Uber, etc.
6. Substitute	0	Daily Rate: \$125.
<b>TOTAL ESTIMATED EXPENSES</b>	<u>1946.50</u>	

**Reimbursements will not be made from this request.** Registration and Lodging fees are normally billed to the District through the purchase order system. An Expense Voucher for reimbursement of travel expenses must be submitted to the approving Principal or Supervisor for approval following return. The Expense voucher will be submitted to the District Office for payment by the approving Principal or Supervisor. **I certify that I have a valid Driver's License and personal automobile insurance with minimum liability limits of \$100,000/\$300,000.**

SIGNATURE OF EMPLOYEE *Shannon Carheden* 4/13/24  
DATE

APPROVED BY *BS* 4/13/26  
DATE  
PRINCIPAL OR SUPERVISOR

*[Signature]* 4-14-26  
DATE  
SUPERINTENDENT OR BUSINESS MANAGER

SPECIAL CONDITIONS