



Florida Diagnostic and Learning Resources System
 Lake Placid, Florida
A System of Support Services for Exceptional Student Education
Serving DeSoto, Glades, Hendry and Highlands Counties

FUNDING REQUEST FORM

Requested by: _____ Date: _____

Telephones: Home _____ Work _____ Location: _____

Address: _____ City: _____ State: _____ ZIP: _____

Please check if you are: Administrator Parent Teacher Other: _____

Date & Time of Departure: _____ Date & Time of Return: _____

Are you traveling with a group from your school/county? Yes No

Please explain the purpose: _____

Estimate of costs to be considered for reimbursement:

- Registration Fee** (Please attach copy of registration form.) \$ _____
- Total Auto-Mileage Expenses** (Round trip: _____ miles X \$0.405) \$ _____
- Total Airline Travel Expenses** (Round trip) \$ _____
- Total Hotel Expenses** (Number of nights _____ X _____ cost per night) \$ _____
- Total Cost of Meals** (See note below) \$ _____
- Total Substitute Expenses** (Number of days _____ X _____ cost per day) \$ _____
 Substitute provision applies to Exceptional Student Education (ESE) teachers only.
- GRAND TOTAL** (Please, attach any supporting documentation.) \$ _____

PLEASE NOTE:

Travel-expense reimbursement, if provided, will be paid in accordance with Florida Statutes and related School Board Rules. Personal-vehicle mileage will be reimbursed at \$0.405 per mile. Participants will be asked to share rides and hotel rooms when applicable. FDLRS reserves the right to select the hotel. If travel requires leaving prior to 6:30 A.M., traveling the night before will be considered. Maximum meal-expense allowances are as follows:

- Breakfast: \$ 3.00 - when travel begins before 6 A.M. and extends beyond 8 A.M.
- Lunch: \$ 6.00 - when travel begins before 12 Noon and extends beyond 2 P.M.
- Dinner: \$ 12.00 - when travel begins before 6 P.M. and extends beyond 8 P.M., or when travel occurs during night-time hours due to special assignment.

Approved by:

_____ Supervisor's Signature	_____ Date	_____ ESE Director's Signature	_____ Date
_____ FDLRS Director's Signature		_____ Date	

Rev. 8-06

Send this form to: FDLRS Heartland Telephone: 863-531-0444 Ext. 230
 1076 U.S. Hwy. 27 North FAX: 863-531-0425
 Lake Placid, FL 33852-9436