



Indian River School District

Travel/Professional Development Authorization Form

Name: _____ Date: _____
 School/Department: _____ Position: _____

Conference/PD Name: _____
 Location: _____ Date(s): _____ to _____

Purpose/Description: (i.e. related to district goals/school staff development plan)

Estimated Costs:		*Explanation for Other Costs:	
Registration/Conference Fees:			
Common Carrier:			
Mileage:			
Lodging:			
Meals:			
Tolls, Parking, Taxi, etc.:			
Other: (*provide detail)			
Total Estimated Cost:		Substitute Required?	
		Does Employee have a PCard?	
		Funding Source:	

By signing this form, the Employee agrees (1) to reimburse IRSD for all incurred costs if they do not attend the scheduled trip for an unapproved reason and (2) to comply with all applicable State of Delaware and Indian River School District travel policies and procedures.

Employee Signature:	
Approvals:	
Supervisor Signature:	
IREC Director/Supervisor	
Director of Business & Finance:	
Superintendent:	

Financial Secretary use only:

BUDREF	FUND	DEPTID	OPUNIT	APPR	ACCT	PGM	SCHCODE
PC BU		Project		Activity			