

Pre-Authorization Travel Request

Name: _____ Date: _____

Request to attend the following meeting: _____

Location of Meeting: _____

Reason for meeting participation: _____

Meeting date(s): _____

The following expenses will incur:

Cost of Registration Fee: _____

Lodging Expenses: _____

Dates lodging is being requested: _____

MEALS ARE ONLY REIMBURSED IF AN OVER NIGHT STAY IS INVOLVED -
The following meals are not included in the registration fee or provided and I will be requesting reimbursement for the following meals (do not include any meals provided):

Breakfast: _____ @ \$6.00 per meal max. = _____

(Leave before 5:31 a.m. - return after 7:59 a.m.)

Lunch: _____ @ \$14.00 per meal max. = _____

(Leave before 11:31 a.m. - return after 12:59 p.m.)

Dinner: _____ @ \$20.00 per meal max. = _____

(Leave before 5:31 p.m. - return after 7:59 p.m.)

Administration vehicle/mileage approval:

(Administration may approve mileage to employee if a school vehicle(s) are not available)

Approval of district vehicle: YES NO

Approval for mileage reimbursement: YES NO

Travel to _____ Date _____
_____ miles @ .42 cents per mile = \$ _____

Other miscellaneous expenses: _____

**Upon return, fill out reimbursement request form upon return of travel,
all other reimbursement receipts must accompany request.**

Approved by Principal: YES NO

Approved by Supt: YES NO

Business Office Budget Code: _____