

# OUT-OF-DISTRICT TRAVEL PRE-AUTHORIZATION & RECONCILIATION FORM

## INSTRUCTIONS

This form should be used for travel required for DCSD related to business conducted outside of Darlington County or Florence County.

SIGNATURES MUST BE IN BLUE INK.

Approval from your Principal/Department Head and/or appropriate Fund Manager must be received prior to the travel date. Travel should not occur until all appropriate signatures are secured. Inappropriate documentation will be returned and will not be approved until acceptable documentation is approved by the Procurement Department.

## PRE-AUTHORIZATION

**Date:** This date should be the date this pre-authorization request was started.  
**School/Office:** School or office requesting approval.  
**Reason for Travel:** What is the purpose of this trip (Conference or Workshop)?  
**Destination:** Where are you going (City and State)?

The information completed next is done to show what the anticipated cost will be for each individual attending this requested conference/workshop and provides a total across the bottom of each column for expenses with the grand total being requested shown in the box provided.

**List Person/s Attending:** List each name of individual/s taking part in this travel.  
**Vendor Number:** Individual person's vendor number as identified in accounting system (not employee identification number).  
**Dates of Travel:** What is the beginning and ending date of travel?  
**Pre-Paid Expenses:** What expense is involved for this conference/workshop?  
1. Cost of registration for conference/workshop?  
2. Hotel/Lodging cost?  
3. Will you have to purchase airfare, a rental car/bus or some other means of transportation?

**Individual's Eligible Reimbursements:** What expense will each individual listed be eligible to be reimbursed for at the completion of this conference/workshop?  
1. Did the individual drive their personal vehicle? Total number of anticipated miles both there and back.  
2. Meals that were not provided by the conference/workshop or hotel and fall into the guidelines set up by Board policy as outlined on Page 12 of Accounts Payable Manual.  
3. Other anticipated expenses that would include but are not limited to; parking, taxi, gas for rental vehicle, conference materials, etc.  
(reminder: original receipts required for reimbursement in this column)

**Grand Total Dollar Amount Per Person for this Conference/Workshop:**

What is the total cost for this individual to attend this workshop/conference?

**Sub Total:**

Sub-total all columns across the bottom. This will provide the total cost for each expense (i.e., hotel, registration etc.).

**Grand Total of this Travel Request:**

This will be the total of all columns and will be the amount requested to budget from funding.

**Funding Account/s:**

All funds to be used to pay for this travel request should be listed here with the amounts appropriated from that fund. Budgets should be checked to insure funding is available.

**Signature/Date:**

This is the signature of the person requesting the out of district travel for approval and the date they signed this form.

**Principal/Supervisor Signature/Date:**

This is the signature of the principal or supervisor of the person requesting travel.

**Fund Manager Signature/s /Date:**

The fund manager, if other than the principal/supervisor, would sign and date the approval here. In some instances there is more than one fund manager signature required (i.e., Title 1 and Assistant Superintendent for Curriculum & Instruction)

With the completion and signing of this form by the appropriate persons it signifies that the person/s listed are pre-approved for this travel and that funding for the expenses listed have been secured and approved.

**\*\*This approved form may be used in the place of a requisition for the purpose of cutting purchase orders for hotels and registrations etc. (Pre-Paid Expenses). Attach a copy of this approved form along with appropriate documentation to the purchase order and send to Accounts Payable in the Business Office a minimum of two weeks prior to travel happening to have a check cut. Checks for hotel/registration, etc. are returned to schools/offices for disbursement unless otherwise indicated.**

**Upon individual's completion of the approved travel on this form, they will need to fill out the Individual Travel Reimbursement Request Form on the reverse side to receive reimbursement for any part of this trip. Each person approved for reimbursement should receive a copy of this form (front and back).**

## **Individual Travel Reimbursement Request Form**

When persons complete the approved travel on front page of the Out of District Travel Pre-Authorization and Reconciliation Form they will need to fill out the Individual Travel Reimbursement Request Form on the back if they have been pre-approved to receive reimbursement for any part of this trip.

**Individual Travel Reimbursement forms must be submitted to Accounts Payable with proper approval within thirty (30) days of the date of return and all individual reimbursements should be included at one time.**

### **Completing this form:**

**Date:** This date should be the date this form is being completed.

**Name:** Individual's name requesting reimbursement

**Vendor #:** Individual's vendor number (not employee number)

**School/Office:** School or office requesting approval.

**Beginning Travel:** Actual date and actual time you begin this travel.

**Ending Travel:** Actual date and actual time you ended this travel.

**Personal Vehicle-Allowed Mileage:**

Number of miles traveled for purpose of this workshop/conference. Mileage is paid by the state approved rate listed on form. Multiple the number of miles by the mileage rate and list in column on right.

Example: 120 miles x \$.0545 = \$65.40

**Meals:** List the individual dates of travel across the top of columns on chart. Using the approved meal allowance chart provided on page 12 of the Accounts Payable Manual, fill in the appropriate meals to be reimbursed for each day remembering that meals provided with your hotel reservation such as continental breakfast and with conference registrations are not reimbursable. Total each day's meals at bottom and total all days in the far right column.

**Miscellaneous Reimbursement Request:**

This space is provided for the individual to request reimbursement for pre-approved expenses paid such as luggage, parking fees, taxi, gas for rental car, etc. To be reimbursed you must attach the original receipt showing proof of payment. If requesting reimbursement for a conference registration you will also include the conference registration form and for a hotel the itemized hotel portfolio with a \$0 balance.

**Total Reimbursement Due:**

Total all items in the shaded column and list in the box provided.

**Account #:** From which fund listed on the front will the reimbursement be paid?

**Certification:** The individual completing this form must sign and date this certification stating that all items listed for reimbursement are true and correct.

**Approval:** The principal/supervisor must sign this request approving the reimbursement to this individual.

**The only documents that should be attached to this form are original receipts etc. as specified if requesting reimbursement under miscellaneous. Do not attach leave forms, etc.**