

Darlington County School District Out of District Travel - Pre-Authorization and Reconciliation Form

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Date _____
 School/Office _____
 Reason for Travel _____ Destination (City & State) _____

List Person/s Attending	Vendor Number	Dates Of Travel		PRE-PAID EXPENSES - Per Person			INDIVIDUAL'S ELIGIBLE REIMBURSEMENTS					Grand Total
		Beginning	Ending	Registration	Hotel	Airfare/Other Transp	Personal Vehicle - \$0.585/mile				Misc-Specify	Grand Total Per Person \$\$\$
							Approx Miles	Meals - AP Manual Pg 12 Breakfast #/\$	Lunch #/\$	Dinner #/\$		
Sub Total:												

Funding Account/s	\$ Amount/Fund
1)	
2)	
3)	
4)	

Grand Total of this Travel Request:

Signature/Date: _____
 Principal/Supervisor Signature/Date: _____
 Fund Manager Signature/s /Date: 1) _____ 2) _____

When travel is complete all persons approved to be reimbursed should receive a copy of both front and back of this form. They will complete the Individual Travel Reimbursement Request on the back of this form and return to Fund Manager/Principal/Supervisor for review and approval. All reimbursements are required to be turned in to the Office of Finance within 30 days after travel has been completed.