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

Date _____

School/Office _____

Reason for Travel _____ Destination (City & State) _____

List Person/s Attending	Vendor Number	Dates Of Travel Beginning	Ending	PRE-PAID EXPENSES - Per Person Registration	Hotel	Airfare/Other Transp	INDIVIDUAL'S ELIGIBLE REIMBURSEMENTS Personal Vehicle - $0.625/mile (Effective 7/1/2022) Approx Miles # Miles/$	Meals - AP Manual Pg 12 Breakfast #/$	Lunch #/$	Dinner #/$	Misc-Specify	Grand Total Grand Total Per Person $$$
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.