

**BERRIEN REGIONAL EDUCATION SERVICE AGENCY  
OVERNIGHT TRAVEL/PRE-APPROVAL**

<b>EMPLOYEE NAME:</b>	
<b>CONFERENCE/MEETING NAME:</b>	
<b>PURPOSE OF MEETING:</b>	
<b>DATES OF ABSENCE:</b>	

<b>CONFERENCE/MEETING INFORMATION:</b>	
<b>CITY &amp; STATE:</b>	
<b>FACILITY:</b>	
<b>PHONE:</b>	

	<b>Estimated Costs:</b>	<b>Actual Costs:</b>
<b>Registration</b>		
<b>Lodging</b>		
<b>Meals</b>		
<b>Travel*/Mileage</b>		
<b>Total Expenditures:</b>		

\*[Air if applicable, lodging & meals as per District Policy only]

Final Costs: \_\_\_\_\_  
**(Initial by Supervisor)**

\_\_\_\_\_  
**Initial by supervisor**  
[If applicable]

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Superintendent's Signature**  
[Indicates pre-approval]

\_\_\_\_\_  
**Date**

**NOTE: This form must be initialed by Supervisor prior to Registration and signed by the Superintendent or his/her designate prior to travel for expenses to be reimbursed by the District. Receipts required for all expenses.**

Form will be returned to employee following authorization. (MCL 380.621a)

C: Superintendent  
Business Office