

Moore Public Schools

Travel Authorization Form - Staff Only

- Completion of this form is required when the event/activity is outside Cleveland, Oklahoma, Canadian, Grady, McClain, Pottawatomie, Logan or Payne counties, OR the state of Oklahoma. Notification and approval of immediate supervisor is required for any activity or event that takes you away from your daily duties.
- All approvals must be obtained at least 30 days prior to travel date for in state travel.**
- All approvals must be obtained at least 60 days prior to travel date for out of state travel.**
- One name per sheet. If more than five are traveling together, fill out one sheet and attach a list of participants.

Date of request _____ Employee's name _____
 Site/Dept./Assignment _____ Name of meeting _____
 Date(s) of meeting _____ City & State of Meeting _____
 Departure date & time _____ Return date & time _____
 Purpose for attending meeting _____
 Dissemination of information (to whom and how) _____

THIS SECTION MUST BE COMPLETED – APPLICATION WILL NOT BE CONSIDERED IF INCOMPLETE. ANY EXPENSES NOT REQUESTED ON THIS FORM WILL BE DISALLOWED.

*Estimated total expenses					
	Cost Per Person	No. Attending (if more than 5)	Total Cost		
			General Fund		School Activity
Registration fee		x	=		=
Lodging ³		x	=		=
Incidentals ¹		x	=		=
Transportation ²		x	=		=
Rental Car		x	=		=
Per Diem (Meals)		x	=		=
Sub Rate					
Total					

¹parking, tolls, shuttles

² ☐ airfare ☐ personal car ☐ school vehicle ☐ other

³Rooming with (write in name) _____

Expenses to be paid by (check appropriate area):		
School Activity (write in project #)		☐
School budget (write in project #)		☐
Departmental budget (write in department & project #)		☐
Professional Development site budget (must be pre-approved)		☐
Professional Development District budget (must be pre-approved)		☐
Reimbursed by outside organization (list name)		☐
Self		☐

Specific expenses in excess of 10% over approved amount will be disallowed.

NOTE: No payment will be made for unauthorized expenses
 (check one)

Administrator's signature _____

Elementary Dir./Secondary Dir./Athletic Dir. signature _____

Purchasing Agent's signature _____

Superintendent's signature _____

Employee's signature _____

Date _____

Date _____

Date _____

Date _____

Administrator – Please check

Request approved	
Request denied	
Without loss of pay	
With loss of substitute pay	
With loss of full pay	

Type of leave requested (check one)

Professional Development	
Professional Enrichment (district days allotted to site)	
Personal Business	
Other (list)	

OFFICE USE ONLY			
Date rec'd		Board approval (if applicable)	
Date rtn'd		Date	
Rtn'd to			