



PRIOR APPROVAL FORM

PR # \_\_\_\_\_ PO # \_\_\_\_\_

For Conferences, Seminars, Workshops & Overnight Travel

Prior approval must be obtained for travel related to conferences, seminars, workshops, student athletics and activities (including field trips), recruiting trips and out-of-district overnight meetings. For detailed information on district travel policies, please refer to Board Policy 6213 and Regulation 6213R.

Estimate all expenses related to the travel event and route to the appropriate personnel for approval. Print a copy for your records (or save this file to your computer).

To claim reimbursement after the travel event has occurred, please complete the Travel Claim Form located under the forms section of the accounting intranet website: puyallupsd.org / Services / Accounting & Purchasing / Forms and Training - Accounting & Purchasing / Travel Claim Form

If prepayment for any travel item is requested, attach a Check Request Form and other necessary documentation (e.g. completed registration form) to the Prior Approval Form prior to routing for approval signatures.

If a purchase order for any travel item is requested, attach necessary documentation to this form prior to routing for approval signatures.

Employee Name: \_\_\_\_\_ Conference: \_\_\_\_\_
Employee Number: E \_\_\_\_\_ Destination: \_\_\_\_\_
Work Location: \_\_\_\_\_ Departure Date: \_\_\_\_\_
Registration Vendor: \_\_\_\_\_ Return Date: \_\_\_\_\_

SUBSTITUTES: Yes No
Substitute Required: # of Days: \_\_\_\_\_ Dates: \_\_\_\_\_
Confirmed Sub: \_\_\_\_\_ Professional leave calendar reservation name: \_\_\_\_\_

TRAVEL INVOLVING STUDENTS: Yes N/A Yes N/A Yes N/A
Form 2320F1 Complete? Form 2320F5 Complete? Bus Request Complete?
(if applicable) (if applicable)

ESTIMATED TRAVEL EXPENSES: METHOD OF PAYMENT (Check One):
5749 Registration Fees \$ \_\_\_\_\_ PO Proc Card Ck Request Reimb
5849 Transportation (airfare, train, shuttle and/or parking fees) \$ \_\_\_\_\_
5849 Car Rental \$ \_\_\_\_\_
5849 Lodging \$ \_\_\_\_\_
5848 Mileage # Miles \_\_\_\_\_ x .655 / mile \$ \_\_\_\_\_ Reimbursement Only
5847 Per Diem \* # Days \_\_\_\_\_ x \$69 / day \$ \_\_\_\_\_ Reimbursement Only
TOTAL ESTIMATED TRAVEL EXPENSES \$ \_\_\_\_\_

\* For Prior Approval purposes, Per Diem Allowance (for meals & incidentals) is determined by the current GSA rate. Actual amount paid to employee will be calculated by the Accounting Department based on travel destination upon submission of the Travel Claim Form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL:
Supervisor \_\_\_\_\_ Date \_\_\_\_\_
Principal/Program Dir \_\_\_\_\_ Date \_\_\_\_\_
Budget Authority (if different from above) \_\_\_\_\_ Date \_\_\_\_\_
Executive Director of Education \_\_\_\_\_ Date \_\_\_\_\_
Athletic Director (for athletic travel only) \_\_\_\_\_ Date \_\_\_\_\_
Superintendent \_\_\_\_\_ Date \_\_\_\_\_
Board \_\_\_\_\_ Date \_\_\_\_\_
ASB Officer (for ASB travel only) \_\_\_\_\_ Date \_\_\_\_\_

BUDGET CODE(S): \_\_\_\_\_ AMOUNT OR %: \_\_\_\_\_
Route this form for Supervisor, Principal/Program Director, and Budget Authority approval for all travel events.
\*Executive Director of Education Approval is required for in-state non-overnight travel involving students and ALL overnight, out-of-state and international travel.
\*Athletic Director approval is required for travel related to athletics.
\*Superintendent approval is required for in-state overnight travel involving students and ALL out-of-state/international travel.
\*Board approval is required for out-of-state travel involving students and ALL international travel.
\*ASB Officer approval is required for travel paid out of ASB funds.