

**Travel Pre-Approval/Justification Form - Little Egg Harbor Board of Education**

**\*\*\*All Required Fields Must Be Complete or Form will be Returned\*\*\***

Name:	Date of Request:	Registration Fee: \$
Event Title:	Event Date(s):	Total Expenses: \$

Attach Absence Request  
 Attach Copy of All Applicable Event Information (Registration, etc.)  
 This Event/Training is (Check One):  
 Certification Required for Continued Employment     Continuing Ed Requirement  
 Requirement for Federal or State Law     Other Professional Development

**Justification Statement** - Please provide a brief statement that includes the primary purpose for the travel event, the key issues that will be addressed at the event:

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**NOT SEEKING TRAVEL REIMBURSEMENT**  
 Mileage - Attach MapQuest/Google Directions Reflecting Travel Route & Mileage  
 Attach Copy of Valid NJ Car Insurance Identification Card

To Event: \_\_\_\_\_  
Return trip: \_\_\_\_\_

Type of Travel (Please check One)

<input type="checkbox"/> Staff Training & Seminar	Total Miles	_____
<input type="checkbox"/> Convention/Conference	Mileage Expense @ (\$.47)	\$ _____
<input type="checkbox"/> Regular District Business	Tolls:	\$ _____
<input type="checkbox"/> Retreat	Parking:	\$ _____
	Other Expenses	\$ _____
	Total Expenses	\$ _____

Carpooling Mandatory when applicable - Will you be carpooling? If yes, with whom? \_\_\_\_\_

**Overnight Travel - Visit [www.gsa.gov](http://www.gsa.gov) for Current Per Diem Rates**

<input type="checkbox"/> Attached GSA Rates for Travel Destination	<input type="checkbox"/> Lodging at Event Sponsored Location
<input type="checkbox"/> Number of Nights: _____	<input type="checkbox"/> Lodging Being Shared - If yes with whom? _____
<input type="checkbox"/> Lodging expense \$ _____	
<input type="checkbox"/> Meal expense \$ _____	
<input type="checkbox"/> Airfare expense \$ _____	
<input type="checkbox"/> Other reimbursable expenses \$ _____	Explanation: _____

I confirm that I have read the Little Egg Harbor School District Travel Policy #6471 and that all requested reimbursements comply with this policy.  
Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Registration Account # \_\_\_\_\_ Travel Account # \_\_\_\_\_