

Richmond County Schools

Request for Travel Authorization

Name: _____

Date Submitted: _____

Address: _____

School / Dept: _____

TRAVEL AUTHORIZATION:

From: _____

To: _____

Departure Date: _____

Return Date: _____

Type of Meeting: _____

Location: _____

ESTIMATED EXPENSES:

Substitute for _____ day(s)

Budget Code for Substitute _____ (Provided by Principal/Director)

Registration Fee: \$ _____

***For pre-payment of registration and/or room costs, please provide appropriate documentation.**

Room Cost: \$ _____

Budget Code for Registration/Room _____ (Provided by Principal/Director)

Transportation: # Miles Estimated: _____ x \$ _____ /mile = \$ _____

Meals: \$ _____

Other (Specify): _____ \$ _____

Budget Code for Transportation/Meals/Other _____ (Provided by Principal/Director)

PRINCIPAL/DIRECTOR APPROVAL:

_____ Approved _____ Rejected

Principal Signature _____ Date _____

Director Signature _____ Date _____

It is the responsibility of the approving Principal/Director to provide budget codes above.

(Form will be returned if codes are not provided.)