

**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):**                       Virtual Event
- CONTINUING ED REQUIREMENT
- CERTIFICATION REQUIRED FOR CONTINUED EMPLOYMENT
- 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 in the event:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOT SEEKING TRAVEL REIMBURSEMENT**

- MILEAGE - Attach MapQuest/Google Directions Reflecting Travel Route and Mileage
- Attach Copy of Valid NJ Car Insurance Identification Card

To Event:

Return Trip:

TOTAL MILES: \_\_\_\_\_

Mileage Expense @ (\$.47) \$ \_\_\_\_\_

TOLLS: \$ \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

OTHER EXPENSES: \$ \_\_\_\_\_

**TOTAL EXPENSES: \$** \_\_\_\_\_

TYPE OF TRAVEL (SELECT ONE)

- Staff Training and Seminar
- Convention/Conference
- Regular District Business
- Retreat

\$ \_\_\_\_\_

- 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**

- Attached GSA Rates for Travel Destination                       Lodging at Event Sponsored Location
- Number of Nights \_\_\_\_\_                       Lodging Being Shared - If yes, with whom? \_\_\_\_\_
- Lodging Expense: \$ \_\_\_\_\_
- Meal Expense: \$ \_\_\_\_\_
- Airfare Expense: \$ \_\_\_\_\_
- 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 #** \_\_\_\_\_