

MIDDLESEX COUNTY MAGNET SCHOOLS

REQUEST FOR TRAVEL ALLOWANCE

(This form is to be submitted:
(1) at least two weeks prior to departure, and
(2) it must be attached to "Absence Request Form")

Name _____ Title _____
School _____ Date of Request _____
Departure Date _____ Return Date _____

Reason for this request _____
(Note: A copy of and/or agenda must be included as back-up material explaining the purpose of this request.)

Place, city, & state to be visited: _____

Estimated charges to be made:

Mileage Calculation

Table with 2 columns: Description, Total Miles. Rows include A. Expected to Travel, B. Normal Commute, C. Total Eligible Miles (A-B).

Hotel/Motel: \$ _____
Transportation: Vehicular _____
Airplane _____
Train _____
Registration fee: _____
Meals: _____
Miscellaneous: _____
(attach explanation)
Total _____

Signature of individual making trip: _____
(Employees are expected to exercise the same care in incurring expenses that they would if traveling on personal business at their own expense.)

Recommend Approval []
Recommend Disapproval [] Date _____ Principal/Supervisor
Approved []
Disapprove [] Date _____ Superintendent