**FULTON INDEPENDENT SCHOOL**

**EMPLOYEE TRAVEL AUTHORIZATION/HOTEL REQUEST & TRAVEL VOUCHER FORM**

*All lines in italics print will be completed at the BOE*

## EMPLOYEE TRAVEL AUTHORIZATION

Please complete & submit this portion of form to your immediate supervisor. Once approved & coded, the form will go to superintendent. Superintendent approval is required prior to travel. Form will then be returned to you so that you may complete the voucher portion.

Name:

Destination:

Purpose of travel:

School &/or Program:

Date of Departure:

Date of Return:

Check any item that applies to this trip:

___ Travel with students ___ Travel with students overnight, BOE approved

___ Travel without students ___ Overnight (complete hotel request below)

___ Substitute secured for these dates: Sub:

Signature & Date:

### APPROVAL

Program: Code:

Supervisor Signature & Date:

*Superintendent Signature & Date:*

## HOTEL REQUEST

City:

Name of Specific Hotel Request:

Check In Date: Check out date:

Number of rooms needed:

Names of persons staying in rooms:

*Hotel Reservation Confirmation #:*

## TRAVEL VOUCHER FOR REIMBURESEMENT

Please complete this half of the voucher and submit to your immediate supervisor as soon as you return to the district. Staple all receipts to this form. Receipts should indicate if they are a school credit care receipt or a personal receipt for reimbursement.

**I request reimbursement for the following amount based on the attached itemized receipts and this itemized voucher: $**

**Signature & Date:**

| | | | | | | |
|---|---|---|---|---|---|---|
| TOTAL | | | | | | |
| MILES DRIVEN | | | | | | TOTAL |
| PARKING, TOLLS, TIPS | | | | | | |
| DINNER | | | | | | |
| LULNCH | | | | | | |
| BREAKFAST | | | | | | |
| DATE | | | | | | |