



## Indian River School District

### Travel/Professional Development Authorization Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School/Department: \_\_\_\_\_ Position: \_\_\_\_\_

Conference/PD Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Date(s): \_\_\_\_\_ to \_\_\_\_\_

Purpose/Description: (i.e. related to district goals/school staff development plan)

<b>Estimated Costs:</b>		<b>*Explanation for Other Costs:</b>	
Registration/Conference Fees:			
Common Carrier:			
Mileage:			
Lodging:			
Meals:			
Tolls, Parking, Taxi, etc.:			
Other: (*provide detail)			
Total Estimated Cost:		Substitute Required? _____	
		Does Employee have a PCard? _____	
		Funding Source: _____	

By signing this form, the Employee agrees (1) to reimburse IRSD for all incurred costs if they do not attend the scheduled trip for an unapproved reason and (2) to comply with all applicable State of Delaware and Indian River School District travel policies and procedures.

Employee Signature: _____	
Approvals:	
Supervisor Signature: _____	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY
IREC Director/Supervisor _____	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY
Director of Business & Finance: _____	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY
Superintendent: _____	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY

**Financial** Secretary use only:

BUDREF	FUND	DEPTID	OPUNIT	APPR	ACCT	PGM	SCHCODE
PC BU		Project		Activity			