HIGHLAND PARK INDEPENDENT SCHOOL DISTRICT
EMPLOYEE TRAVEL AUTHORIZATION VOUCHER

REQ. _____

P.O. _____

Account(s)							Total(s)

Date Requested:

_____

Employee Name: _____

Employee Campus: _____

Name of Event: _____ Departure: Date _____ Time _____

Event Location: _____ Return: _____

Per Diem Notes:

Expenses				Estimated	Advanced	District CC	Actual
Registration Fees	rec w adv						
Lodging: # Nights	X Cost/Night						
Per Diem B-$12 L-$15 D-$26 (max $53.00 per day)							
Per Diem - Students $10 per meal (max $30.00 per day)							
Airline Ticket	rec w adv						
Mileage: State miles	X .725 cents/mile						
Auto Rental							
Parking Fees:							
Taxi, Shuttle, etc.							
Materials Purchased							
Miscellaneous							
			Totals				
			Less Advanced				
			Return Reimbursement				

Pre-Event/After the Fact Authorization
Person Traveling
Department Head or Assistant Superintendent

Return Payment Approval
Business Office:
Department Head or Assistant Superintendent