

## TRAVEL AUTHORIZATION REQUEST

### PRIOR APPROVAL REQUIRED

Travel and conference expense in accordance with California Education Codes, Sections 44032-44033  
Reimbursement of costs are to be in accordance with Board Policy 3350

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Travel Date(s): \_\_\_\_\_

### Purpose of Travel:

Need Substitute?  Contact sub caller to arrange.

Y N

### Registration: Is there a registration fee?

Estimated Cost: \_\_\_\_\_

Will you be registering yourself, claiming reimbursement later? **OR**

Will you request District to process the registration?

**PLEASE submit Requisition with registration information**

Purchase Order?

Pre-Payment?

Reimbursement?

### Transportation:

Estimated Mileage: \_\_\_\_\_ X \_\_\_\_\_ = **Estimated Cost:** \_\_\_\_\_

District vehicle?

**OR**

Contact Transportation to arrange.

Private vehicle?

Claim round-trip mileage travelled from school upon return.

Plane travel?

Y N

### Lodging: Will lodging be necessary? (Receipt Required)

Estimated Cost: \_\_\_\_\_

Will you make reservations yourself, claiming reimbursement later? **OR**

Will you request District to send Purchase Order or Pre-Payment?

**Please submit Requisition with lodging information**

Purchase Order?

Pre-Payment?

Reimbursement?

### Meal Reimbursement:

How many days? \_\_\_\_\_ **Estimated Cost:** \_\_\_\_\_

Meal and Incidental Allowance is for overnight travel only per IRS regulations and AR 3350 (a)

Reimbursement: Breakfast \$8, Lunch \$12, Dinner \$20, for a daily total not to exceed \$40

### Miscellaneous: (Receipts Required)

**Estimated Cost:** \_\_\_\_\_

To include Parking, Tolls, Taxi, Other?

ADVANCED EMPLOYEE REIMBURSEMENT: \_\_\_\_\_

**TOTAL ESTIMATED COST:**

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\_\_\_\_\_  
Site Administrator / Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent / Designee Approval

\_\_\_\_\_  
Date

Account Number: \_\_\_\_\_