

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

Each Traveler needs to complete a Travel Authorization Request and Leave Form

Name: _____

Date Submitted: _____

Travel Destination: _____

Travel Date(s): _____

Purpose of Travel: _____

Registration: Is there a registration fee?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Estimated Cost: _____

Will you be registering yourself, claiming reimbursement later? **OR**
Will you request District to process the registration?

Pre-Payment?

Reimbursement?

Transportation:

Estimated Mileage: _____ X _____ = Estimated Cost: _____

District vehicle?	<input type="checkbox"/>
Private vehicle?	<input type="checkbox"/>
Plane travel?	<input type="checkbox"/>

OR Contact Transportation to arrange.

Drivers must include a text map confirmation either 1 way mileage or round trip mileage, from 17555 Tuolumne Rd to destination. If traveling with a co-worker only driver claims mileage. If using district vehicle, mileage is not allowable.

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Estimated Cost: _____

Lodging: Will lodging be necessary? (Receipt Required)

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

Include conference schedule and hotel information, if breakfast is included with hotel or meals with conference, then those meals will not be reimbursable.

Miscellaneous: (Receipts Required)

Estimated Cost: _____

To include Parking, Tolls, Taxi, Other?

To be paid upon return with signed receipts

ADVANCED EMPLOYEE REIMBURSEMENT: _____

TOTAL ESTIMATED COST: _____

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Site Administrator / Supervisor Approval _____

Date _____

Superintendent / Designee Approval _____

Date _____

Account Number: _____