



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: _____

Purpose of Travel: _____

Travel Destination: _____

Date(s) of Event: _____

Departure Date & Time: _____

Return Date & Time: _____

1. Registration: Is there a registration fee?

Estimated Cost: _____

Will you register yourself & claim reimbursement?

Will you request the District to process the registration?

2. Transportation: Estimated Mileage: X

Estimated Cost: _____

Private Vehicle--Private vehicle use is entitled to round trip mileage from work location attach Google Map from 17555 Tuolumne Rd to destination. If traveling with a Co-Worker only the driver is entitled to mileage reimbursement.

District Vehicle--traveler to complete Request For Transportation form, no mileage reimbursement.

May select private vehicle or district vehicle, not both. Plane travel may be selected in addition to 1 of the vehicle options above.

Plane Travel

Estimated Cost: _____

3. Lodging: Will lodging be necessary? (**Receipt Required**)

Estimated Cost: _____

Will you make the reservation and claim reimbursement later?

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

4. Meal Reimbursement: How many days? _____

Estimated Cost: _____

Meal and incidental allowances are for overnight travel only per IRS regulations and AR 3350 (a)

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

Include conference schedule and hotel information to verify which meals maybe included in registration or lodging, as those meals will not be reimbursable.

5. Miscellaneous: (Receipts Required)

Actual Cost: _____

May include parking, tolls, taxi, other; to be paid upon return with signed receipts.

Advanced Employee Reimbursement: _____

Total Estimated Cost: _____

Supervisor Approval _____

Date _____

Superintendent Approval _____

Date _____

Account Number(s): _____