



# 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): \_\_\_\_\_