

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 school office 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.

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: (Itemized Receipts Required) How many days? _____ Estimated Cost: _____

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

Reimbursement: Breakfast \$16, Lunch \$17, Dinner \$28, Incidentals \$5 for a daily total not to exceed \$66 (effective 10/1/19-9/30/20)

Miscellaneous: (Receipts Required)

Estimated Cost: _____

To include Parking, Tolls, Taxi, Other?

TOTAL ESTIMATED COST:

Site Administrator / Supervisor Approval

Date

Superintendent / Designee Approval

Date

Account Number: _____