



TRAVEL PRE-AUTHORIZATION / RECONCILIATION

Name: _____ School/Dept. : _____
 Reason for Travel: _____ Destination: _____

PRE-AUTHORIZATION					RECONCILIATION	
	TRAVEL START	MEETING START	MEETING END	TRAVEL END	ACTUAL TRAVEL START	ACTUAL TRAVEL END
DATE						
TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
ESTIMATED COSTS					ACTUAL COSTS	
					MCPS	EMPLOYEE
AIRFARE (Incl. travel agency fees)						
Airline Name: _____ <input type="checkbox"/> Travel Agent Used						
a. \$ _____					\$ _____	\$ _____
VEHICLE						
<input type="checkbox"/> Rental Car / Van					\$ _____	
<input type="checkbox"/> County Car						\$ _____
Personal Vehicle						
Estimated mileage _____ @ .655¢ per mile					Actual mileage of _____ miles.	
LODGING (Incl. all taxes/fees)						
Other Individual(s) Sharing Room: _____						
c. \$ _____					\$ _____	\$ _____
No. of nights _____						
Hotel Name: _____						
REGISTRATION FEE						
<input type="checkbox"/> Requisition / P.O.					\$ _____	
<input type="checkbox"/> Paid by Employee						\$ _____
BOOKS / MATERIALS PURCHASED AT CONFERENCE (Maximum)						
d. \$ _____					\$ _____	\$ _____
MEALS (Deduct for meals incl. In registration)						
e. \$ _____ (Includes gratuity)					\$ _____	\$ _____
GAS FOR RENTAL CAR					\$ _____	\$ _____
PARKING, TOLLS, TAX, TIPS						\$ _____
TOTAL EXPENSES FOR THIS TRIP					\$ _____	\$ _____
CONTROL # (to be issued at Central Office)						
FUNDING SOURCE(S)/ACCOUNT NUMBER(S)				AMOUNT	TOTAL ACTUAL COSTS	
				\$ _____	\$ _____	\$ _____
				\$ _____	\$ _____	\$ _____
APPROVAL SIGNATURES				DATE		Initials required by principal/ supervisor/superintendent when reconciliation is higher than pre-authorization. INITIALS DATE
EMPLOYEE:						
PRINCIPAL:				*		
SUPERVISOR:				*		

SUPERINTENDENT:	*		
Changes to estimated costs in excess of 10% require re-approval	*Must be approved prior to travel date.	Attach receipts for all requested reimbursements (except tips).	