



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	
AIRFARE (Incl. travel agency fees) Airline Name: _____ <input type="checkbox"/> Travel Agent Used					a.	\$
					VEHICLE <input type="checkbox"/> County Car	
Estimated mileage _____ @ .670¢ per mile						
					LODGING (Incl. all taxes/fees) Other Individual(s) Sharing Room: _____	
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)	
MEALS (Deduct for meals incl. In registration)						
					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						
					APPROVAL SIGNATURES	
DATE						
					EMPLOYEE:	
PRINCIPAL:						
					SUPERVISOR:	
SUPERINTENDENT:						
					Changes to estimated costs in excess of 10% require re-approval	
*Must be approved prior to travel date.						
					INITIALS	
Attach receipts for all requested reimbursements (except tips).						