



TRAVEL PRE-AUTHORIZATION / RECONCILIATION

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

PRE-AUTHORIZATION					RECONCILIATION	
DATE	TRAVEL START	MEETING START	MEETING END	TRAVEL END	ACTUAL TRAVEL START	ACTUAL TRAVEL END
	<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 @ 53.5¢ per mile					b.	\$
LODGING (Incl. all taxes/fees) Other Individual(s) Sharing Room: _____ No. of nights _____ Hotel Name: _____					c.	\$
REGISTRATION FEE						
					\$	<input type="checkbox"/> Requisition / P.O.
BOOKS / MATERIALS PURCHASED AT CONFERENCE (Maximum)						
					\$	<input type="checkbox"/> Paid by Employee
MEALS (Deduct for meals incl. In registration)					d.	\$
GAS FOR RENTAL CAR					e.	\$
PARKING, TOLLS, TAX, TIPS					f.	\$
TOTAL EXPENSES FOR THIS TRIP					g.	\$
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. <u>INITIALS</u> <u>DATE</u>
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).