



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.	\$			
					b.	\$			
VEHICLE									
<input type="checkbox"/> Rental Car / Van									
<input type="checkbox"/> Personal Vehicle									
<input type="checkbox"/> County Car									
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									
					f.	\$			
PARKING, TOLLS, TAX, TIPS									
					g.	\$			
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.			
EMPLOYEE:									
PRINCIPAL:				*				INITIALS	DATE
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).	