

## 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 \$0.67 = 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: \_\_\_\_\_