

## Blaine School District Travel Authorization Request Form

**Directions: Sign, date and submit to your Building Administrator/Program Director/Supervisor for all overnight travel. Attach registration or workshop information if applicable. Once approved, forward all paperwork to the Business Office. The form will be returned to you. Upon return from the trip and for non overnight travel, complete the shaded area with actual expenses and return to the Business Office for processing.**

Name: _____	School/Work Site: _____
Destination: _____	Purpose of Travel: _____
_____	_____
_____	_____
Departure Date: _____ Time: _____	Return Date: _____ Time: _____

<u>Anticipated Expenses</u>	<u>Amount</u>	<u>Account Code</u>	<u>PO</u>
Registration	_____	_____	_____
Lodging	_____	_____	_____
Meals	_____	_____	_____
Travel/Transportation	_____	_____	_____
Substitute	_____	_____	_____
<b>TOTAL:</b>	_____		

Participant Signature: _____	Date: _____
Administrator Signature: _____	Date: _____
Business Office Signature: _____	Date: _____

NOTE: An employee is eligible for meal per diem and lodging reimbursement (destination must be greater than 50 miles from the District Office to qualify for lodging) only if they are in travel status, outside of the BSD boundaries. Employees must be in travel status NO LESS THAN 3 HOURS AND MUST HAVE PURCHASED A MEAL to qualify for any meal per diem. Mileage reimbursement is the lesser of mileage from home or the District Office.

<b>Actual Expenses</b>	<a href="#">(See Board Procedures #6213P)</a>			
<b><u>TRANSPORTATION</u></b>				
Bus: _____	Air: _____	Parking: _____	(Attach original receipts) \$ _____	
Private Car: _____	miles at <b>51.0</b>	cents per mile	\$ _____	
<b><u>LODGING</u></b>				
Hotel/Motel: _____	(Attach original receipts)		\$ _____	
<b><u>MEALS</u></b> (paid at per diem rates)				
	<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	Totals:	_____	_____	_____
			<b>TOTAL EXPENSES:</b>	\$ _____

**CERTIFICATION**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

Employee Signature: _____	Date: _____
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**APPROVAL: Please sign below if expenses exceeded estimate**

Approved: _____	Administrator: _____
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