

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: _____

Anticipated Expenses	Amount	Account Code	PO No.
Registration	_____	_____	_____
Lodging	_____	_____	_____
Meals	_____	_____	_____
Travel/Transportation	_____	_____	_____
Substitute	_____	_____	_____
TOTAL	_____	_____	_____

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.

Actual Expenses: _____ (See Board Procedures #6213P)

TRANSPORTATION

Bus: \$ _____ Air: \$ _____ Parking: \$ _____ (Attach original receipts) \$ _____

Private Car: _____ miles at **50.0** cents per mile \$ _____

LODGING

Hotel/Motel: _____ (Attach original receipts) \$ _____

MEALS (paid at per diem rates)

Date	Breakfast	Lunch	Dinner	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Totals:	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENSES:

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: _____

APPROVAL: Please sign below if expenses exceeded estimate

Approved: _____ Administrator _____