

**TRAVEL AUTHORIZATION**

**Name:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of Return:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Estimated Expenditures** {only actual and necessary expenses are allowed}:

**TRAVEL:**     Office Car     No. of Miles \_\_\_\_\_ @ \_\_\_\_\_¢    \_\_\_\_\_

Private Car     No. of Miles \_\_\_\_\_ @ \_\_\_\_\_¢    \_\_\_\_\_

Airplane/Train Ticket, or Car Rental \*    \_\_\_\_\_

**MEALS:\*** \_\_\_\_\_ days @ \$ \_\_\_\_\_ day    \_\_\_\_\_

**LODGING:** \_\_\_\_\_ Nights at Hotel @ \_\_\_\_\_ per night    \_\_\_\_\_

**EVENT REGISTRATION: \*** \_\_\_\_\_

**TAXI, PARKING, TELEPHONE, AND/OR TOLL CHARGES: \*** \_\_\_\_\_

**TOTAL ESTIMATED COST:** \_\_\_\_\_

**\*Must be supported by receipt when turning in expense claim**

FORM DIRECTIONS	TRAVEL APPROVAL
This form must be completed prior to departure and approved by department manager. It is then sent to the Superintendent or Associate Superintendent for final approval. Pink copy is returned to the department.	Employee Signature: _____ Department Approval: _____ Superintendent Approval: _____

Copy to: Department file & Administration