

**TRAVEL AUTHORIZATION / REIMBURSEMENT**

DIST. FORM NO. 23		
MONTH	DAY	YEAR

NAME AND ADDRESS \_\_\_\_\_ BUDGET YEAR \_\_\_\_\_

\_\_\_\_\_ UNIT ADMINISTRATOR \_\_\_\_\_

\_\_\_\_\_ BUSINESS OFFICE \_\_\_\_\_

TITLE OF MEETING \_\_\_\_\_ LOCATION OF MEETING \_\_\_\_\_

ATTEND DATES \_\_\_\_\_ TIME AWAY FROM JOB \_\_\_\_\_

JUSTIFICATION FOR RELEASE (ATTACH COPY OF PROGRAM/AGENDA) \_\_\_\_\_

ESTIMATED EXPENSES		ACTUAL EXPENSES <i>*ATTACH RECEIPTS</i>	
TRANSPORTATION	_____	TRANSPORTATION	
LODGING	_____	BY CAR _____ MILES AT _____ ¢ PER MILE	\$ _____
MEALS	_____	(ATTACH MILEAGE CLAIM FOR IN-DISTRICT MILEAGE)	
REGISTRATION (ATTACH INFORMATION IF TO BE PREPAID)	_____	*OTHER TRANSPORTATION (ITEMIZE)	\$ _____
SUBSTITUTE (IF REQUIRED)	_____		\$ _____
OTHER	_____	*LODGING	\$ _____
TOTAL	_____	*REGISTRATION FEES	\$ _____
APPROVAL	_____	*OTHER EXPENSES (ITEMIZE)	\$ _____
			\$ _____
			\$ _____
SUPERINTENDENT/UNIT ADMINISTRATOR	_____		\$ _____

**DATE AND TIME OF DEPARTURE** \_\_\_\_\_ **DATE AND TIME OF RETURN** \_\_\_\_\_

MEAL EXPENSES\*

DATE								
BREAKFAST								
LUNCH								
DINNER								
TOTAL CLAIMED								\$ _____

TOTAL ACTUAL EXPENSES \$ \_\_\_\_\_

Advance: include negative sign (-) \$ \_\_\_\_\_

TOTAL FINAL CLAIM \$ \_\_\_\_\_

IN ACCORDANCE WITH DISTRICT POLICIES AND ADMINISTRATIVE REGULATIONS, I HEREBY CERTIFY THAT THE ABOVE CLAIM IS TRUE AND ACCURATE

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ACCOUNT CODE	ENCUMBRANCE AMOUNT