

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