



MIDVIEW LOCAL SCHOOLS

PROFESSIONAL MEETING TRAVEL AUTHORIZATION

ATTACHMENT E

Applicant's Name _____
Please Print

Today's Date _____

Attending _____
Conference / Workshop Name

Substitute Required _____
Yes / No

Location _____
City

Full or Half Day _____
Full / Half

Beginning Date _____ ~ through ~

Ending Date _____

All receipts must have breakdown of purchases

No. of Days	Estimated	Actual Reimbursement <small>(Attach All Receipts)</small>
_____ Lodging (\$75 / day max.)	\$ _____	Lodging \$ _____
_____ Meals (\$25 / day max.)	\$ _____	Meals \$ _____
_____ Fees (Registration) <small>(P.O. # _____ if used)</small>	\$ _____	Fees (Registration) \$ _____
Number of Miles _____		Total (Miles x Rate) \$ _____
Rate per mile _____	\$ _____	
Other (Tolls, Taxi, etc.) _____	\$ _____	Other (Tolls, Taxi, etc.) \$ _____
Miscellaneous Information _____		Total Reimbursement \$ _____

I certify that the estimated amount for this request has been lawfully authorized for this purpose and that sufficient funds are available to pay for the estimated costs.

Applicant's Signature

Principal's approval Signature

Administrative approval Signature

TRAVELER: Attach all pertinent bills and complete actual expenses section above. I certify that I have reported the actual expense incurred in accordance with the travel authorization and that the information shown hereon is correct.

P.O. _____	Vendor _____	
Fund 001	Func _____	Obj 439
Office Use Only		

Applicant's Signature _____ Date _____