



# MIDVIEW LOCAL SCHOOLS

## PROFESSIONAL MEETING TRAVEL AUTHORIZATION

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

Ending Date

~ through ~

**All receipts must have breakdown of purchases**

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

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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

P.O. _____	Vendor _____	
Fund _____	Func _____	Obj _____
<b>001</b>		<b>439</b>
Office Use Only		