

Greene County Schools Authorization for Official Travel

(This form must be submitted and approved prior to travel)

Employee Names:

Destination: City _____ State _____

Event/Activity: _____

Briefly describe how this activity will directly impact current school improvement plan and PLPs:

Mode of re-delivery, dates:

Departure: Date _____ Time _____

Return: Date _____ Time _____

Mode of Transportation (Check all that apply for this activity)

____ Personal Car Estimated Mileage: _____ @ _____ = Total Cost \$ _____

____ Airline Estimated Airfare: _____ = Total Cost \$ _____

____ Passengers w/ Driver(s): _____

(Names of those driving)

Lodging: _____ nights @ \$ _____ per night = Total Cost \$ _____

(Please attach conference rate or quotes if requesting rate other than state rate)

Registration Fees: = Total Cost \$ _____

Other Estimated Expenses & Incidentals: = Total Cost \$ _____

Total Estimated Travel Expenses: = Total Cost \$ _____

Requested by: _____

Principal Signature

Date

Central Office Use

Source of Funding: Fund _____ Account # _____

Submitted: _____ **Approved:** _____
Supervisor Date Director of Schools Date