WM. S. HART UNION HIGH SCHOOL DISTRICT
AUTHORIZATION FOR TRAVEL/CONFERENCE ATTENDANCE FORM

EMPLOYEE NAME: _____ **DATE:** _____

JOB ASSIGNMENT: _____ **WORKSITE/DEPARTMENT:** _____

CONFERENCE/MEETING TITLE: _____

LOCATION/ADDRESS: _____

DATES OF ATTENDANCE (MM/DD/YYYY): FROM _____ **TO** _____ **NO. DAYS:** _____

To be eligible for travel reimbursement, this form shall be properly completed and submitted for approval no less than 15 business days prior to departure. Advances are not the preferred method of paying travel-related expenses. To the extent possible, all registration, lodging, and airline expenses shall be paid in advance through the District's established purchasing procedures. PLEASE NOTE: All out-of-state travel shall be approved in advance by the Governing Board. Following return from travel, a copy of this completed and approved form shall be submitted with a travel expense form within 10 working days.

DESCRIPTION OF TRAVEL PURPOSE & FUNDING SOURCE (ATTACH CONFERENCE AGENDA/FLIER):

EXPENSE	ESTIMATED COST
REGISTRATION FEE	
MEALS	
LODGING	
AIRLINE	
TAXI/SHUTTLE	
PERSONAL CAR _____ MILES @ $0.58 MILE	
OTHER EXPENSES	
TOTAL ESTIMATED EXPENSES	$

☐ CHECK IF NO EXPENSE INCURRED

☐ CHECK IF ADVANCE FUNDS REQUESTED

AMOUNT $_____ (NOT TO EXCEED 75%)

DATE NEEDED: _____

☐ CHECK IF SUBSITUTE REQUESTED

NO. OF DAYS _____

REGISTRATION FEE PO#_____

APPROVALS:

_____

PRINCIPAL/DIRECTOR **DATE**

_____

EMPLOYEE SIGNATURE **DATE** **SUPERINTENDENT/DESIGNEE** **DATE**

ACCOUNTING CODE(S)					
FUND	**RESOURCE/PY**	**GOAL**	**FUNCTION**	**OBJECT**	**LOCATION**

Accounting:_____ (initial/date) Accounts Payable:_____ (initial/date) _____ Director of Fiscal Services/Date

Revised 01/19 (BP/AR 3350)