

F-100

Submit 1 copy.

Travel Authorization Form
MCCRACKEN COUNTY PUBLIC SCHOOLS
Teacher/Administrator
Travel Authorization

Check One:

- Travel with students over 75 miles or overnight
- Travel with students under 75 miles
- Travel without students

NAME: _____ SCHOOL: _____

Please print

I request authorization to travel to _____ for the purpose of _____.

My method of travel will be via _____.

I will leave on _____ and return on _____.

DATES FOR SUBSTITUTE TEACHERS: _____

Dates

The following breakdown of estimated expenses is required:

Meals & Tips \$ _____

Reimbursement for meals shall be made in accordance with Policies 03.125 and 03.225. Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 15% of the meal charge.

Lodging \$ _____

The District will not reimburse for lodging expenses for guests/traveling companions. Notify the Finance Department if you use a credit card to guarantee lodging reservations.

Mileage: _____ miles @ \$. ____/mile = \$ _____

Tolls (no charge for District vehicles being operated in state in an official capacity) \$ _____

Registration \$ _____

Miscellaneous: _____ \$ _____

TOTAL EXPENSES \$ _____

Please complete Form F-200 within one (1) week of return to assure reimbursement of expenses without unnecessary delay. Receipts are required for all expenditures.

Employee's Signature _____
Date

PRINCIPAL'S ACTION

Program Category: _____

A substitute teacher will be required for _____ days.

Principal's Signature _____
Date

ORG: _____
OBJ: _____
PROJECT: _____

FOR CENTRAL OFFICE USE ONLY

Program Category: _____

Program Coordinator's Signature _____
Date

ORG: _____
OBJ: _____
PROJECT: _____

SUPERINTENDENT'S ACTION

Superintendent's Signature _____
Date

Review/Revised:9/17/09