

Pre-Approval for Professional Travel Leave and Reimbursement

Name: _____ School: _____

Employees must complete this form to obtain pre-approval of all professional out of district travel leave and reimbursement. Each blank must be completed before pre-approval of travel expenses will be given. If a cost is zero, enter 0. No reimbursed costs will exceed the cost estimate given on this form. After travel is completed, the employee must submit Exhibit 5:60-E1 Form – Employee Travel Expense Voucher and all receipts in order to obtain reimbursement.

Date(s) of Leave or Absence: _____

Full Day(s): _____ Half Day(s): _____

Purpose of Travel: _____

Destination: _____

Substitute Necessary: _____ Yes _____ No / _____ Full Day _____ Half Day

Substitute's Name: _____

Amount of Reimbursement Requested:

Estimated

Travel (Personal Vehicle) _____ Miles @ current government rate \$ _____

Tolls, parking fees, taxi fees, auto rental fees \$ _____

Travel other (Specify: bus, train, plane) \$ _____

Lodging (# of days _____ x current board policy) \$ _____

Meals (Per current board policy) \$ _____

Registration Fees \$ _____

Check if District Office must mail in registration fee: _____ Yes _____ No

Miscellaneous (Explain specifically) \$ _____

Total Reimbursement Requested \$ _____

Administrative Action

_____ Approved with compensation for Professional Reason/District Business

_____ Approved without compensation _____ **Not** Approved

Reason for Denial: _____

Signature: _____ Account # _____ Date: _____

District Office Action

_____ Approved _____ **Not** Approved

Reason for Denial: _____

Superintendent's Signature: _____ Date: _____