

# TRENTON BOARD OF EDUCATION

## REQUEST FOR TRAVEL AUTHORIZATION

(This form to be submitted at least four weeks in advance of the effective date of departure)

<b>CHECK REASON FOR TRAVEL:</b>	
Meeting	_____
Group Meeting	_____
Official Reception	_____
Professional Development	_____

<b>REQUEST NO.</b>
_____
<b>EVENT CODE:</b>
_____

<b>Account Number</b>							
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<b>Account Number</b>							

DATE	SCHOOL/DEPARTMENT		
EMPLOYEE NAME	EMPLOYEE TITLE	EMPLOYEE PHONE NO.	
IDENTIFY EVENT AND REASON FOR ATTENDING. LIST NAMES OF OTHER EMPLOYEES TRAVELING TO THE SAME EVENT			
Cost to be paid by: School/Department _____ Sponsor _____ Employee _____			
Will employee receive an honorarium? YES _____ NO _____			
Sponsor of Event: _____			

<b>TRIP DATES:</b>	<u>DEPARTURE TIME</u>	<u>ARRIVAL TIME</u>	NAME OF HOTEL: _____
FROM _____			DESTINATION: _____
TO _____			MILES: _____
<b>EST. TRAVEL SERV. REQUIRED:</b> YES _____ NO _____			MILEAGE: \$ _____
AIR/RAIL: \$ _____			CAR RENTAL: \$ _____
HOTEL: \$ _____			TAXI/SHUTTLE/SKY CAP/BUS: \$ _____
MEALS: \$ _____			REGISTRATION/TUITION: \$ _____
MISC. EXP.: \$ _____			<b>ESTIMATED TOTAL</b> \$ _____

Signature of individual making trip: _____	Date _____
Approved _____ Disapproved _____	I certify that funds are available for this travel event. Signature of Principal/Department Head: _____ Date _____
	Remarks _____
Approved _____ Disapproved _____	Signature of Deputy Superintendent/ Superintendent: _____ Date _____ Report Required Yes _____ No _____
Approved _____ Disapproved _____	Signature of Business Administrator: _____ Date _____