

Washington County Schools

**Travel/Meeting Authorization
Out of District**

Name: _____
 School: _____
 Date of Trip: _____
 Conference/Destination: _____
 Rationale for Attendance: _____
 Expenses Paid By: _____
(eg. school site-based, ESS, board general fund, FRYSC, etc.)

Are you requesting professional development / leadership credit? Yes ___ No ___

Estimated Expenses: (Include hotel, airline, registration, etc.)

Describe how this will benefit you in your position:

Estimate of Expenses:	Estimated Amount
Substitute	
Hotel	
Mileage (.11 per mile) Enter Mileage Here →	
Parking Fees Enter Fee Here →	
Registration	
Meals (overnight travel only; \$5.00/day max)	
Other	
	Total

*Note: Reimbursement for meals will be paid only for travel that requires overnight lodging.
 Original receipts are required for all expenditures (other than meals under \$5.00)*

Employee Signature: _____
 School Level Approval: _____
 Central Office Approval: _____

Central Office Use Only:

Date: _____
 Approved: _____
 Not approved: _____
 Reason for denial: _____

After school level approvals, submit this travel authorization in triplicate form to central office. Upon approval, yellow and pink copies will be returned to appropriate staff.