

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

*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.**