



## REQUEST FOR AUTHORIZATION OF TRAVEL

Name \_\_\_\_\_ Employee # \_\_\_\_\_ Position \_\_\_\_\_

Reason for request for travel: \_\_\_\_\_  
*(Name of Conference - Title and Location/School – attach supporting documentation)*

Beginning date of travel: \_\_\_\_\_ Ending date of travel: \_\_\_\_\_ Number of Days \_\_\_\_\_

City and State: \_\_\_\_\_ Request overnight stay: Yes or No \_\_\_\_\_

Fund Source(s)\*: \_\_\_\_\_  
*Account Code: School Funds, Athletics, Child Nutrition, Title I, Special Ed., General Fund, Staff Development, Technology, Carl Perkins, Personal, Etc.*

Description	Amount	Item Explanation (if applicable)
Airfare (Include baggage fees & tips)		
Mileage		
Registration/Materials/Supplies		
Hotel		
Meals		
Transportation (Taxi, Rentals, Parking, Etc.)		
<b>TOTAL</b>		

<b>TRAVEL/MEAL ALLOWANCE</b>			
Travel allowance will be at the maximum non-taxable mileage rate allowed by the Internal Revenue Service. Meal allowance will be as follows:			
	<b>In-State</b>	<b>O/S Including N.O.</b>	<b>High Cost* &amp; Above</b>
<b>Breakfast</b>	<b>\$12</b>	<b>\$12</b>	<b>\$16</b>
<b>Lunch</b>	<b>\$16</b>	<b>\$18</b>	<b>\$20</b>
<b>Dinner</b>	<b>\$24</b>	<b>\$28</b>	<b>\$38</b>
<b>Total</b>	<b>\$52</b>	<b>\$58</b>	<b>\$74</b>
Meal receipts are not required for meals within allowances. Alcoholic drinks and entertainment will not be reimbursed. Meals will only be reimbursed when the employee is away from home overnight and the overnight stay was necessary. REQUESTS FOR REIMBURSEMENT FOR TRAVEL MEAL EXPENSES WILL BE SUBMITTED NO LATER THAN SIXTY DAYS (60 DAYS) AFTER THE EXPENSES WERE INCURRED. High Cost & Above – Atlanta, Baltimore, Boston, Cleveland, Dallas, Denver, Detroit, Houston, Los Angeles, Miami, Nashville, Oakland CA, Philadelphia, Phoenix, Pittsburgh, Portland OR, San Diego, St. Louis, Seattle, Tampa FL, Wilmington DE, Alaska, Hawaii, Chicago, San Francisco, Washington DC, and New York City.			

***I understand that if I do not attend the conference, I must repay to the St. John the Baptist Parish School Board all fees paid in advance by the school district on my behalf.***

**Signature of Employee:** \_\_\_\_\_

	SIGNATURE	DATE	APPROVED	NOT APPROVED
Principal/Site Administrator				
District Supervisor with Budgetary Authority **				
School/Site District Supervisor				
Superintendent ***				

**PLEASE NOTE:**

- (1) This form must be completed in its entirety by the employee and must be submitted to the above-listed administrators for approval/non-approval one week prior to the beginning date of the trip.
- (2) The employee will be responsible for all travel arrangements.
- (3) A copy of this approved form must be attached to the Request for Reimbursement: failure to do so will result in delay of payment until copy of approved form is received in the Payroll Department.

\* If more than one fund source, indicate the different fund sources on the applicable line under Item Explanation.  
 \*\* If applicable  
 \*\*\* Required for District Supervisory Staff Only