



## Priority Charter Schools Employee Travel Request

Tavel Request / Reimbursement Form									
Employee Name					Campus/Department				
Purpose of Travel					Departure Date and Time			Return Date and Time	
Travel Location ( Be Specific)				Budget Account Code					
Complete by Employee						For Office Use			
Estimated Expense					Acutal Expense	Paid by School	Advanced to Employee	Reimbused to Employee	
<b>Registration Fee</b>		Name of confarence/Training							
<b>Travel Expense</b>		Airfare, bus far, taxi, fee							
<b>Personal Vehicle Mileage Expense</b>		Roundtrip mileage							
		Mileage Reimbursement Rate							
<b>Lodging</b>		Hotel							
Total Nights		Allowed Lodging Rate							
<b>Per Diem</b>		<b>Actual Meal Reimbursement</b>							
		Federal grants dictate the District may reimburse employee for ACTUAL meal expense as reflected on a receipt							
Date	Breakfast	Lunch	Dinner	Daily Total					
<b>Other Travel Expenses</b>		Provide a detailed description of ther travel expenses including the appropriate documentation							
Description		Amount							
<b>Estimated Total</b>		<b>Actual Total</b>							
		Supported by appropriated receipts							
SIGNATURES REQUIRED BEFORE TRAVEL					SIGNATURES REQUIRED AFTER TRAVEL				
Signature of Employee before travel			Date		Signature of Employee after travel			Date	
Signature of Campus Director before travel			Date		Signature of Campus Director verifying information			Date	
Signature of Superintendent (Required for all out of state travel)			Date		Signature of Business Office			Date	