

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)

CHECK REASON FOR TRAVEL:	
Meeting	_____
Group Meeting	_____
Official Reception	_____
Professional Development	_____

REQUEST NO.

EVENT CODE:

Account Number							
Account Number							
Account Number							

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: _____		

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

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 _____