

**TODD COUNTY BOARD OF EDUCATION
TRAVEL AUTHORIZATION**

Prior to departure, all employee travel must be approved using this Travel Authorization Form. Only 1 employee per form. (See back of form for instructions/policies.)

Employee Mark Thomas School: BOE

Name of Conference Superintendent Meeting

Location: Russellville

Date(s) of Conference 6-5-23

Organization Holding Meeting: _____

Sub Required? Y or N No. of Days _____ Date(s) _____

Is this an overnight trip? Yes or No

Date of Last Trip _____ Name, Location & Purpose of Last Trip Taken _____

Excluding this trip, total number of work days outside the district this school year: _____

Estimated Expenses: (estimate - \$85)

Registration	Lodging	Meals	Mileage	Airfare	Sub	Other	Total Est. Expenses
			32				14.40

Source of Funding: _____ Administrative Travel _____ Grant Project # _____
 Mandatory _____ Teacher Travel _____ General Fund _____
 _____ Professional Development _____ Other _____

Request presented by: _____ Approved by: _____ (Principal)

Approved by: _____ Mark Thomas (Supervisor/Superintendent)

TRAVEL REIMBURSEMENT

Actual expenses for reimbursement after trip is completed. (Detailed **ORIGINAL** receipts must be attached)

Mileage: (.41 per mile) Meals: (not to exceed \$32.00 per day)

Date	# Miles	Charge	Breakfast	Lunch	Dinner	Lodging	Other Expenses		Total
							Amount	Explanation	
<u>6/5</u>	<u>32</u>								

Reimbursement must be submitted on yellow copy

Reimbursement Due 14.40

I hereby certify that all items of expense included in the above statement were incurred by an employee of the Todd County Board of Education in the discharge of official business; that they are proper charges against the Todd County Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge.

Vendor # _____

Ma 2
Signature of Claimant

Date

Acct. # _____
(Source of Funding)

Ma 2
Recommended by

Date

Approved by

Date

Section A (T-A)

Section B (T-R)

**TODD COUNTY BOARD OF EDUCATION
TRAVEL AUTHORIZATION**

Prior to departure, all employee travel must be approved using this Travel Authorization Form. Only 1 employee per form. (See back of form for instructions/policies.)

Employee MARK THOMAS School: BOE

Name of Conference GRREC Board Meeting

Location: Bowling Green

Date(s) of Conference 6-7-23

Organization Holding Meeting: GRREC

Sub Required? Y or No. of Days _____ Date(s) _____

Is this an overnight trip? Yes or No

Date of Last Trip _____ Name, Location & Purpose of Last Trip Taken _____

Excluding this trip, total number of work days outside the district this school year: _____

Estimated Expenses: (estimate - \$85)

Registration	Lodging	Meals	Mileage	Airfare	Sub	Other	Total Est. Expenses
			120				54-

Source of Funding: _____ Administrative Travel _____ Grant Project # _____
 Mandatory _____ Teacher Travel _____ General Fund
 _____ Professional Development _____ Other _____

Request presented by: _____ Approved by: _____ (Principal)

Approved by: _____ *Mark Thomas* _____ (Supervisor/Superintendent)

TRAVEL REIMBURSEMENT

Actual expenses for reimbursement after trip is completed. (Detailed **ORIGINAL** receipts must be attached)
 Mileage: (.41 per mile) Meals: (not to exceed \$32.00 per day)

Date	# Miles	Charge	Breakfast	Lunch	Dinner	Lodging	Other Expenses		Total
							Amount	Explanation	
6/7	120	54							

Reimbursement must be submitted on yellow copy

Reimbursement Due 54-

I hereby certify that all items of expense included in the above statement were incurred by an employee of the Todd County Board of Education in the discharge of official business; that they are proper charges against the Todd County Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge.

Vendor # _____

Acct. # _____ (Source of Funding)

Mark Thomas

 Signature of Claimant

 Date

 Recommended by
 White Copy - Central Office

 Date

 Approved by

 Date

Yellow & Pink Copies - Employee Copies

Section A (T-A)

Section B (T-B)