

Prosser School District Travel Authorization Form



Each person traveling must submit his/her own Authorization Form to the Business Office at least 1- days prior to travel. In order to authorize your travel, registration forms, agenda, or description of conference or activity is required.

Employee Name: _____ **Bldg/School:** _____

Activity or Conference: _____	Location: _____
Departure Date: _____	Estimated Leave Time: _____
Return Date: _____	Estimated Return Time: _____
Budget Code to be Charged: _____	

Registration Fees: _____	\$ _____
Lodging:	
To be paid by PO No: ___ Yes: ___	\$ _____
Other Misc. Expenses:	\$ _____
District Vehicle No: ___ Yes: ___ Approximate Miles: _____ X .575	\$ _____
If a district vehicle is available, no personal mileage will be reimbursed unless authorized by Superintendent.	

List Meals not provided by conference/activity or hotel. Refer to www.prosserschools.org for per diem rates based on destination county.

Date	Breakfast	Lunch	Dinner	County/Location
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Meals can only be claimed if travel includes an overnight stay.

Are you requesting Pre-paid meals?
Yes ___ No ___
Certificated Only

Subtotal \$ _____ \$ _____ \$ _____

To earn Breakfast you must be in travel status by 7:00 a.m.
To earn Lunch you must be in travel status by 11:00 a.m.
To earn Dinner you must be in travel status by 6:00 p.m.

Employee: _____ **Date:** _____
Principal/Supervisor: _____ **Date:** _____
Assistant _____ **Date:** _____
Superintendent: _____