|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authorization to Incur Travel Expenses** | | | | | | Name: | | |  | | | | | | | | Job Title: | | | Date: | | |
| GCSD Address: | | | 35 Martin Luther King Jr. Blvd, Quincy, FL 32351 | | | | | | | | Employee ID #: | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Trip: | | | |  | | | | | | | | | |  | | | | Departure Date | Return Date | | | Total Days |
|  | | | | | | | | | | | | | |  | | | |  |  | | |  |
| Destination: | | |  | | | | | | | | | | |  | | | |  |  | | |  |
| Conference or convention travel: Explanation of benefits accruing to the GCSD. | | | | | | | | | | | | | |  | | | | Departure Time | | | Return Time | |
|  | | | | | | | | | | | | | |  | | | |  | | |  | |
|  | | | | | | | | | | | | | |  | | | |  | | |  | |
|  | | | | | | | | | | | | | |  | | | |  | | |  | |
| Total Estimated Per Diem: | | | | | | | | | | | | | |  | | | |  | $ | | |  |
| Registration Fee: | | | | | | | | | | | | | |  | | | |  | $ | | |  |
| Car Rental or Estimated Mileage | | | | | | | | | | | | | |  | | | |  | $ | | |  |
| Hotel | Hotel Name: | | | | | |  | | | Rate | | | | Nights | |  | | Total Cost |  | | |  |
|  | | |  | | | |  | | | $ | | | |  | | Time | | $ |  | | |  |
| Airline | | Airline Name: | | | Dep. Flight Date: | | | Time | | | | Ret. Flight Date: |  | |  | | | Cost |  | | |  |
|  | | |  | |  | | |  | | | |  |  | |  | | | $ |  | | |  |
|  | | | | | | | | | | | | | |  | | | |  |  | | |  |
| TOTAL ESTIMATED COST FOR TRIP | | | | | | | | | | | | | | | | | | | $ | | |  |
| Comments: | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that travel, as shown above, is to be incurred in connection with official business of the Gadsden County School District. | | | | | | | | | | | | | | | | | | | | | | |
| Employee Signature: | | | | | | Date: | | | | | Assist. Superintendent Signature: | | | | | | | | | | | Date: |
| Supervisor Signature: | | | | | | Date: | | | | | Superintendent Signature: | | | | | | | | | | | Date: |
| Cost Strip: | | | | | | | | | | | | | | | | | | | | | | |

Gadsden County School District

**APPENDIX A**