|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**