**GADSDEN COUNTY SCHOOL DISTRICT**

**APPENDIX B**

# APPLICATION FOR ADVANCE ON TRAVEL EXPENSES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | | | | Employee ID #: | | | | | | Date: | Finance Date Rec’d: | | |
|  | | | | |  | | | | | |  |  | | |
| Travel Period: | | | | | GCSD Point of Origin: | | | | | | | | | |
| From:    To: | | | | | 35 Martin Luther King Jr. Blvd, Quincy, FL 32351 | | | | | | | | | |
| Destination: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Purpose: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Benefits: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ESTIMATED COST OF TRAVEL | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| \*Total Estimated Per Diem: | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | Estimated Per Diem | | | |  |
| \*\*Transportation: | Airfare: |  | | | | | | | |  | | | |  |
|  | Car cost (rental): |  | | | | | | | | Estimated Transportation | | | | $ |
| Car cost (personal): |  | | | | | | | |
| Incidental Expenses: | Hotel: |  | | | | | |  | | Estimated Incidental | | | | $ |
| Nights: | @ $ Per Night | | | |  |  | |  |
| Other Incidental Expenses: | |  | | | | |  | |
| Type of Incidental Expenses: | | | | | | | | | | Total Estimated Expenses | | | | $ |
|  | | | | | | | | | | X 80% =  Advance Travel Allowed | | | | $ |
|  | | | | | | | | | | | | | | |
| I hereby certify that the above-estimated expenses are anticipated to be incurred by me as necessary travel expenses in the performance of my official duties; attendance at the conference or convention directly relates to the official duties of the Gadsden County School District; any meals or lodging included in the registration fee have been deducted from this travel advance request. If the travel advance exceeds the actual travel expenses incurred, I will refund the Gadsden County School District the remaining unexpended funds within 10 days after the completion of the travel period. | | | | | | | | | | | | | | |
| Employee Signature: | | | | Title: | | | | | | | | | Date: | |
|  | | | |  | | | | | | | | |  | |
| Pursuant to Section 112.061, Florida Statutes, I hereby certify or affirm that the above-anticipated travel will be on official business of the State of Florida. | | | | | | | | | | | | | | |
| Supervisor’s Name: | | | | Supervisor’s Signature: | | | | | | | | | Date: | |
|  | | | |  | | | | | | | | |  | |
| Assist Superintendent Name: | | | | Assist Superintendent Signature: | | | | | | | | | Date: | |
| Superintendents Name: | | | | Superintendents Signature: | | | | | | | | | Date: | |
| \* If the estimated Per Diem is based on a per day allowance which is greater than $50, then an explanation must be furnished. | | | | | | | | | | | | | | |
| \*\*Estimated cost for common carrier and rental charges billed directly to the GCSD shall not be included in the travel advance calculation. | | | | | | | | | | | | | | |