

## TRAVEL AUTHORIZATION BENTON COUNTY SCHOOLS

In-State  Out-of-State

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### TO BE COMPLETED BY TRAVELER

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School or Department: \_\_\_\_\_

Location (where are you going): \_\_\_\_\_

Travel Date From: \_\_\_\_\_ To: \_\_\_\_\_ Destination(s): \_\_\_\_\_

Conference/Meeting Name: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_ (see worksheet on page 2 to calculate cost)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY BOOKKEEPER (Or individual completing requisition)

PO#: \_\_\_\_\_ Bookkeeper/Admin Assist: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Title: \_\_\_\_\_

Funding Source: District or Federal (circle one) Date Approved: \_\_\_\_\_

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### TO BE COMPLETED BY DEPT. FEDERAL PROGRAM DIRECTOR (For Travel Using Federal Funds)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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**INSTRUCTIONS FOR TRAVEL AUTHORIZATION**

1. A separate form must be completed for each traveler.
2. Complete all applicable items and obtain approval PRIOR to commencing travel.
3. If actual expenses exceed the estimated expenses shown below, the form shall be resubmitted showing the excess charges and again approved by the appropriate person/s. An additional requisition may be needed to cover any additional approved costs.
4. Be as accurate as possible in estimating costs, including gratuities, taxis, or any other applicable travel expenses.
5. A copy of this approved form along with supporting documentation must be submitted with the travel reimbursement form in order to receive reimbursement.
6. To request reimbursement for miles, please complete a separate form and attach a Google map of your documented miles from origination to destination. You must attach to your reimbursement request.

**WORKSHEET**

		<u>Estimated Cost</u>
Airfare	\$	
*Meals (____ Days @ \$59/Day) <i>Must stay overnight to claim meals</i>	\$	
Lodging (____ Night @ \$____/Night/s)	\$	
Registration Fee (if applicable)	\$	
Mileage: 0.67/per mile	\$	
Other:	\$	
	\$	
Total	\$	

***\*It is your responsibility to ensure that tax is NOT charged to any in-state stay. You MUST also get your receipt before leaving the establishment. You will be expected to pay any tax incurred for your stay back to the School District.***

***If you have any questions, please contact Tonya Kuhl (tkuhl@benton.k12.ms.us).***