APPENDIX A

Gadsden County School District

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: Destination:	Departure Date	Return Date	Total Days

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:			