

**PICKENS COUNTY SCHOOL DISTRICT
PRE-AUTHORIZATION TO TRAVEL REQUEST (GOLD FORM)**

PLEASE SUBMIT YOUR LEAVE REQUEST IN FRONTLINE

Name of employee requesting travel: _____ Date: _____
(Please type or print)

School/Department: _____

Name of Conference or Workshop: _____

Location of Conference or Workshop: _____ Date(s) of travel: _____ to _____

Purpose of Conference or Trip: _____

Estimated Costs of Trip: ******The conference/training agenda is required for meal reimbursement******

Mileage: \$ _____

Registration Fee: \$ _____ Hotel: \$ _____ Meals \$ _____ Other: \$ _____

Explanation of "Other" _____ **Total Estimated Expenses: \$ _____**

Expenses will be paid from the following account(s): _____

Employee Signature: _____ **Date** _____

Approved () : Disapproved () : _____
Direct Supervisor Signature **Date**

Budget/Account Reviewed by Finance: Yes () _____
Chief School Financial Officer **Date**

Federal Program Director (for fed fund use) **Date**

Special Education Director (for fed fund use) **Date**

Approved () : Disapproved () : _____
Superintendent's Signature **Date**