APPENDIX B

GADSDEN COUNTY SCHOOL DISTRICT

APPLICATION FOR ADVANCE ON TRAVEL EXPENSES

Employee Name:	Employee ID #:	Date:	Finance Date Rec'd:
Travel Period: From: To:	GCSD Point of Origin: 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): Car cost (personal):	Estimated Transportation	$
Incidental Expenses: Hotel: Nights: @ $ Per Night Other Incidental Expenses:	Estimated Incidental	$
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.