

TRAVEL PRE-AUTHORIZATION / RECONCILIATION

Name:

School/Dept.

:

| Reason | | | | | |
|-------------|--|--|--|--|--|
| for Travel: | | | | | |

Destination:

| PRE-AUTHORIZATION | | | | | | RECONCILIATION | | |
|-------------------------------------------------------|---------------------------|---------------|-------------|----------------------------------------------------------------|--------------------|-------------------------------------------------------------------|------------------------|----------------------|
| | TRAVEL START | MEETING START | | | G END | TRAVEL END | ACTUAL TRAVEL START | ACTUAL TRAVEL END |
| DATE | | | | | | | | |
| TIME | AM D PM | AM PM | | 1 | ☐ AM ☐ PM | ☐ AM ☐ PM | AM D PM | AM PM |
| ESTIN | | | | D COSTS | | | | |
| AIRFARE (Incl. travel agency fees) Airline Name: | | | a. | c | 7 | | MCPS | EMPLOYEE \$ |
| Travel | Agent Used | | а. | \$ | Rental Car / Van | | \$ \$ | \$ |
| VEHICL | F | | b. | \$ | Personal Vehicle | | Ψ | \$ |
| | | | | S. Second Venicie Estimated mileage @ .700¢ per mile | | | Actual mileage of | |
| | inty Car | | Loti | | @.700 | ¢ per mie | / lotadi mileage of | |
| LODGIN | IG (Incl. all taxes/fees) | | c. | \$ | 1 | | \$ | \$ |
| Other Individual(s) Sharing Room: | | No. of nights | | | | | | |
| | | | Hotel Name: | | | | | |
| | | | | \$ | Requisition / P.O. | | \$ | |
| REGISTRATION FEE | | | | \$ | Paid by Employee | | | \$ |
| BOOKS / MATERIALS PURCHASED AT | | HASED AT | | | | | | |
| CONFE | RENCE (Maximum) | | d. | \$ | | | \$ | \$ |
| MEALS (Deduct for meals incl. In registration) | | e. | \$ | (Includes gratuity) | | \$ | \$ | |
| GAS FOR RENTAL CAR | | f. | \$ | | | \$ | \$ | |
| PARKING, TOLLS, TAX, TIPS | | g. | \$ | | | | \$ | |
| TOTAL EXPENSES FOR THIS TR | | | RIP | | \$ | | \$ | \$ |
| CONTR | OL # (to be issued at | Central Offic | ce) | | | | | |
| | FUNDING SOURCE(| S)/ACCOUNT | NUM | BER(S) | AMOUNT | | TOTAL ACTUAL COSTS | |
| | | | \$ | | | | \$ | \$ |
| | | | | | \$ | | \$ | \$ |
| APPROVAL SIGNATURES DATE | | | | | DATE | Initials required by principal/ supervisor/superintendent when | | |
| EMPLOYEE: | | | | | | reconciliation pre-autho | is higher than | |
| PRINCIPAL: | | | | | | * | INITIALS | DATE |
| SUPERVISOR: | | | | | | * | | |
| SUPERINTENDENT: | | | | | | * | | |

| Changes to estimated costs in excess of 10% require re-approval | *Must be approved prior to travel date. | Attach receipts for all requested reimbursements (except tips). |
|-----------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| | | |