

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).