

Corbin Independent School District
Travel Authorization Request Form

Name: _____ Work Site: _____

| |
|--|
| Describe the meeting/ conference: |
| How does this meeting/conference address your school consolidated planning goals or personal growth? |
| Who will you share the information gained from the meeting/ conference? |
| How and when will you share the information? |
| Departure and return dates: |
| Other employees going to this meeting/conference: |
| Location of meeting/conference: |

Anticipated Expenses

Cost Estimate

Auto _____ miles X .37 per mile (Rental of automobile requires justification) _____

Air _____ _____

Hotel _____ # of nights X cost per night
(In KY, take state tax exempt form, available at school office or central office) _____

Number of meals: _____ \$30 limit per day _____

Registration Fee: _____ _____

Miscellaneous Expenses: _____ _____

Total estimate of expenses: _____

Itemized receipts are required for lodging, meals, registration, fee, tolls and parking.
Submit with "Travel Reimbursement Form"

Identify budget line items from which expenses are to be paid:

Individual School Board Professional Development Grant Other

An employee or person traveling to represent Corbin Independen Schools shall obtain prior approval for the trip and abide by all provisions contained in Board policy and administrative regulations on travel.

Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Superintendent: _____ Date: _____

Attach completed form to "Travel Expense Form" when requesting reimbursement for travel expenses.