

Corbin Independent School District Travel Authorization Request Form

Name: _____

Work Site: _____

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|--|
| 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 you will 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 | _____ |
| Air _____ | _____ |
| Hotel _____ # of nights X cost per night <small>(In Kentucky, take state tax exempt form, available at school office or central office)</small> | _____ |
| 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 Independent 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