

MENDOCINO COUNTY OFFICE OF EDUCATION

**TRAVEL REQUEST FORM**

(FOR OUT OF COUNTY, OUT OF STATE, CONFERENCE, OR NON-ROUTINE TRAVEL)

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Reason for Travel (attach flyer/agenda if possible): \_\_\_\_\_

Location: \_\_\_\_\_ Dates (include travel time): \_\_\_\_\_

<b>(Please fill-in dollars amounts and/or check boxes as appropriate.)</b>					
<b>Meals, Lodging, and Incidentals</b>			<b>Disbursement of Payment</b>		
<b>Per Diem:</b>	<b># of days</b>	<b>Total</b>	<b>75% Adv</b>	<b>Reimburse</b>	<b>PO (attach)</b>
Meals/Incidental	=	\$			
<b>Lodging:</b>					
Standard Lodging	=	\$			
<b>High-Cost Lodging</b> * (pre-authorization required)	=	\$			
<b>Transportation:</b>					
Automobile: # of miles x (current rate of 65.5¢/mile)		\$			
Air Fare		\$			\$
Car Rental/Taxi		\$			\$
Bridge Tolls/Parking		\$			\$
<b>Registration Fee(s)</b>		\$			\$
<b>TOTAL AMOUNT PROJECTED</b>		<b>\$</b>			

*I will return any cash advance not documented with receipts and/or authorize a deduction from my pay warrant.*

Employee Signature: \_\_\_\_\_

FD (##)	RS (#####)	Y (#)	OBJ (#####)	SCH (###)	GL (#####)	FC (#####)	DD (#####)	%	Approved Estimate	Not To Exceed

I have reviewed the program budget. This travel is appropriate to the program and sufficient funds are available.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Denied

Director: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Denied

Responsible Cabinet Member: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Denied

<p><b>* High-cost lodging must be pre-approved by the County Superintendent or designee *</b></p> <p>Reason for high-cost allowance: _____</p> <p>Superintendent/Designee: _____ Date: _____ Approved/Denied</p> <p>Reason if denied: _____</p>
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(This signed form and agenda or conference flyer must be submitted with the Expense Claim form and **original receipts** when reimbursement is requested.)