

REQUEST FOR APPROVAL OF TRAVEL

Fortine School District #14
PO Box 96
Fortine, MT 59918-0096

Printed Name: _____ Date of filing: _____

The information requested below **MUST** be completed for travel at district expense:

CONFERENCE/MEETING: _____

LOCATION OF CONFERENCE/MEETING: _____

Departure: Time _____ Date _____ Return: Time _____ Date _____

DISTRICT EXPENSES:

TRAVEL: Personal vehicle: (**Office will calculate**) Total miles _____ @ \$0.36/mile= \$ _____

Commercial travel (receipt required or PO in advance)

Receipt attached

PO in advance – PO # _____

REGISTRATION: (receipt required or PO in advance)

Receipt attached

PO in advance – PO # _____

LOCAL TRANSPORTATION : (taxi, bus, etc. – estimated cost)

LODGING AND MEALS

Motel/Hotel rate/day X _____ # days = \$ _____ (Receipts required)

PO # _____ Arrange in advance

Meals (no receipts required): District pays \$ 25.00 /day. (Depending on time of day you leave.)

I verify that this is a true and accurate claim for reimbursement.

Employee's Signature _____ Date _____

Do not write below this line DISTRICT USE ONLY.

Warrant # _____ Date _____

Fund _____ Total Amount Paid _____

Approved by: _____