

Richmond County Schools

Request for Travel Authorization

Name: _____ Date Submitted: _____
Address: _____ School / Dept: _____

TRAVEL AUTHORIZATION:

From: _____ To: _____
Departure Date: _____ Return Date: _____
Type of Meeting: _____
Location: _____

ESTIMATED EXPENSES:

Substitute for _____ day(s)
Budget Code for Substitute _____ (Provided by Principal/Director)

Registration Fee: \$ _____ ***For pre-payment of registration and/or room costs, please provide appropriate documentation.**
Room Cost: \$ _____
Budget Code for Registration/Room _____ (Provided by Principal/Director)

Transportation: # Miles Estimated: _____ x \$ _____ /mile = \$ _____
Meals: \$ _____
Other (Specify): _____ \$ _____
Budget Code for Transportation/Meals/Other _____ (Provided by Principal/Director)

PRINCIPAL/DIRECTOR APPROVAL:

_____ Approved _____ Rejected

Principal Signature _____ Date _____

Director Signature _____ Date _____

It is the responsibility of the approving Principal/Director to provide budget codes above.

(Form will be returned if codes are not provided.)