TR#		Completed by Accounts Payable
	TR#	

## Port Washington-Saukville School District

## **Pre-Authorization for Out of District Travel**

SECTION I	ION I Please			ase follow directions of back of this form				This form needs to be completed ten (10) days prior to departure				
NAME						DATE S	UBMITTED					
Building						DATE C	F ACTIVITY					
Title of Activit	y											
Location of Ac	tivity											
Please describe this activity rel your assignme	lates to											
Will a cubetifute be needed?		Will there be travel expenses			Is this a professional groactivity?			Will there be registration costs?				
SECTION II			Ple	Please follow directions of back of this form								
CONFERENC	E REQU	EST (	Check one:		l have r	egistered a	already	Plea	ise submit my reg	gistration		
ESTIMATED COSTS		Auth			District Authorization Initial & Date	ıthorization		ACCOUNT NUMBER				
Mileage (\$.655/mile) Obj (342)	\$											
Meals Obj (342)	\$											
Registration Obj (310)	\$											
Lodging Obj (342)	\$											
Airline Obj (342)	\$											
Parking / Ground Transport Obj (342)	\$											
Other (Explain)	\$											
TOTAL	\$		These gu and subr	idelines nission o	provide li of expense ature to r	imits on exper record. Con receive reimbu	nditures and shou plete the proper	ıld be revi	/Administrative Guid iewed prior to approv Form and obtain your	al of request		
Building Admin/Supervisor					Milai	Approval	Date					
<b>Director of Special Services</b>				Date								
Routing		C&I Secret	ary	Accounts Pa			ıyable		Payroll Secre	tary		