

**T1/T2 Milford School District 2016-2017  
Request for Travel Approval/Reimbursement**

Refer to Professional Development Plan & MSD Policy 2335

Complete and sign top portion with estimated expenses and submit for Principal's approval. Forward original to SAU for Superintendent's approval. Both levels of approval must be obtained prior to travel. Original will be returned for you to re-submit upon completion of the travel with required documentation (sign below prior to submittal).

Name: \_\_\_\_\_ Position: \_\_\_\_\_ School:  MHS  MMS  HP  JMS  SAGE  DW

Name of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose of Activity as it relates to your position: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Have you submitted another reimbursement request in 2016-17?  yes  no

**Employee Signature** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

Expense Details:	\$ ESTIMATED	\$ ACTUAL	Proof Required for each line item:
Registration Fee:	_____.	_____.	<input type="checkbox"/> Paid Receipt
Automobile: [R/T miles ____ X 53.5] = <small>reimbursed for lesser of miles from work or home</small>	_____.	_____.	<input type="checkbox"/> Map/Miles
Tolls:	_____.	_____.	<input type="checkbox"/> Paid Receipt(s)
Parking:	_____.	_____.	<input type="checkbox"/> Paid Receipt(s)
Meals: <small>not to exceed \$35 each day</small>	_____.	_____.	<input type="checkbox"/> Receipt(s) <small>original, itemized</small>
Room: [# /days ____ X ____ \$/day] =	_____.	_____.	<input type="checkbox"/> Paid Receipt
Plane/Train/Bus:	_____.	_____.	<input type="checkbox"/> Paid Receipt
Other: _____	_____.	_____.	<input type="checkbox"/> Paid Receipt
<b>ESTIMATED TOTAL</b>	_____.	<b>ACTUAL TOTAL</b>	_____.
			<input type="checkbox"/> Certificate of Attendance

**PRE-TRAVEL APPROVAL**

Request for travel is  Approved, from account number(s): \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_.

OR  Not Approved **Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Request for travel is  Approved (pending receipt of final appropriate documentation as outlined above)

OR  Not Approved **Superintendent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**POST-TRAVEL APPROVAL**

I have attached the appropriate documentation as required for reimbursement (check boxes above and attach)

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Reimbursement Approved for \$ \_\_\_\_\_. or \_\_\_\_\_ **Maximum Reimbursement Reached for 2016-17**  
(resubmit for additional funds per Teachers' Agreement, if applicable)

\_\_\_\_\_  
**Superintendent Signature** **Date**