

**T1/T2 Milford School District 2017-2018
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 2017-18? 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 54.5] = <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 |
| ESTIMATED TOTAL | _____. | ACTUAL TOTAL | _____. |
| | | | <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 2017-18**
(resubmit for additional funds per Teachers' Agreement, if applicable)

Superintendent Signature **Date**