

**T1/T2 Milford School District 2018-2019
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 2018-19? 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 58] = <small>reimbursed for lesser of miles from work or home (rate changed 1/1/19)</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 2018-19
(resubmit for additional funds per Teachers' Agreement, if applicable)
Superintendent Signature _____ **Date** _____