



West Division Office PRE -TRAVEL AUTHORIZATION

INFORMATION MUST BE TYPED

Cost Center (10 digits)	Fund (10 digits)	Functional Area (xxx-xxx-xxx-xxx)

School Name:
WESTBURY HIGH SCHOOL

TRAVELING PERSON INFORMATION

Name of Person:	Title/Job Assignment	Employee ID #
Destination (include city and state)		
Purpose of Travel:	Departure	Date
	Return	Time

ESTIMATED EXPENSES

Receipts Required on Return	(a) Estimated Expenses	Notes
Registration Fees	\$	
Airfare*	\$	
Lodging	\$	
Food: per diem	\$	
Auto # Miles	\$	
Parking Fees	\$	
Bus, Cab, Etc.	\$	
Miscellaneous	\$	
Total Cost of The Trip	\$	

***Airfare will be prepaid by District if obtained through the Purchasing Department. Lodging will be prepaid if expected cost exceeds \$300.**

Comments (include educational benefit to school and indicate if this travel is a requirement to fulfill a component of a grant)

SIGNATURE AUTHORIZATION

Employee: _____ Date: _____

Principal: _____ Date: _____

Executive Director of Feeder: _____ Date: _____

Sr. Executive Director of Unit _____ Date: _____

Division Superintendent: _____ Date: _____