



# SHONTO PREPARATORY SCHOOLS

## TRAVEL AUTHORIZATION

### Travel Advance/Expense Report



TRAVEL ADVANCE REQUESTED  
 YES  NO

NAME OF TRAVELER: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE OF TRAVEL REQUEST: \_\_\_\_\_

Note: REQUEST AUTHORIZATION TO TRAVEL AS INDICATED AND TO INCUR NECESSARY EXPENSES IN ACCORDANCE WITH APPLICABLE TRAVEL PROCEDURES

DEPARTMENT OF TRAVELER: \_\_\_\_\_ SIGNATURE OF TRAVELER: \_\_\_\_\_

Departure Date		Purpose of			
Return Date		Travel:			
Mode of Travel & Estimated Cost	School Vehicle	Schooldude Trip Request ID#:	Bus	Air (Commercial)	
	Private Vehicle	Mileage: _____ miles x _____ /mile = _____	Rail	Air (Charter)	
<i>Full Mileage Claim - please provide supporting documentation (ie. Schooldude email, Superintendent authorization, etc.)</i>					
Other Possible Expense (Itemize):					
Itinerary:					
Approve Travel Request	<input type="checkbox"/>	Department Supervisor	Date	Total Cost Estimate	Note:
Approve Advance Request	<input type="checkbox"/>	Superintendent or Delegate	Date	Total Advanced	Note:

- - - TRAVEL EXPENSE REPORT - - -  
 (ATTACH ALL PAID RECIEPTS AND TICKET STUBS)

TRAVEL INFORMATION	PERIOD	Day								
		Date								
	TIME OF	Departure								
		Arrival								
	CITY	From								
		To								
		To								
	Sub-total									
	TRAVEL EXPENDITURES	Lodging								
		MEAL	Breakfast							
Lunch										
Dinner										
TRANS-PORTATION		Mileage POV								
		Rental Car								
		Bus, Taxi, etc								
		Parking, toll,								
MISC.		Special Fees								
		Telephone								
TOTAL										

DATE \_\_\_\_\_ SIGNATURE OF TRAVELER: \_\_\_\_\_ THIS CLAIM IS CERTIFIED CORRECT AND PROPER PAYMENT AUTHORIZED, CERTIFYING OFFICIAL \_\_\_\_\_

ACCOUNTING DISTRIBUTION	CHARGE ACCT NO.	AMOUNT	PO NUMBER	EXPENSE RECONCILIATION	
				PREVIOUS BALANCE DUE SCHOOL	
LODGING				ADVANCE THIS REPORT	
MILEAGE				TOTAL EXPENSE THIS REPORT	
MEALS				AMOUNT DUE EMPLOYEE	
REGISTRATION FEE				AMOUNT DUE SCHOOL	