North Central Education Service District

TRAVEL AUTHORIZATION REQUEST-2020

One request per employee for Out-of-District & Out-of-State Travel

Name: _____ Travel Dates: _____

Name of Seminar/Workshop/Other: _____

Destination: _____

Relevance to Job Assignment: _____

_____

_____

Registration Fee: $ _____

Travel Schedule

Date/Time	Depart from Location	Arrive at Location	Fare or Mileage*	Breakfast $7.00**	Lunch $11.00**	Dinner $23.00**	Lodging Rate
TOTAL							

*IRS mileage rate 1/1/20 = .575 mile **Maximum meal cost reimbursed with receipts (including 20% gratuity).
Itemized receipts required for reimbursement.

Parking Fees (with receipt): _____ Other Costs: _____

Total Cost: _____ Budget Codes: _____

Please Note: This form is to be approved by the Superintendent **before** any employee travels out-of-district or out-of-state for purposes of seminars, workshops, etc. **Out-of-State travel also requires pre-approval by the ESD Board.**

Approved ☐ Denied ☐ Superintendent _____ Date _____

Board Approval: YES Date: _____

***Each employee requesting out of district/out of state travel reimbursement must attach this form to their travel reimbursement form.**