

ATLANTA PUBLIC SCHOOLS TRAVEL AUTHORIZATION

This form must be approved by the authorized official and a copy submitted to the Director/Executive Director prior to making any travel arrangements. The Director/Executive Director will then provide you with a Requisition number. (This number will be made up of unit, school code, and sequence). Retain duplicate to submit with the Travel Expense Report. **A Travel Expense Report must be filed within seven (7) calendar days after returning from the trip.** If the trip is canceled, the Finance Division should be notified and the advance draw check returned immediately.

| | | | | | |
|---------------------------------|-------------|---------------|------|------|----------|
| <u>Coding must be completed</u> | | REQUISITION # | | | |
| | | | unit | code | sequence |
| BUDGETARY CODING | ACCOUNT # | | | | |
| | SCHOOL CODE | | | | |

| | | | | | | |
|-------------------|------|-------|----|------------------|----------------------|----------------|
| Name/Title | | | | | | ESTIMATED COST |
| Social Security # | | | | Transportation | | |
| Dept/Div/School | | | | Food | | |
| Telephone # | | Fax # | | Lodging | | |
| Meeting | | | | Registration | | |
| Location | | | | Miscellaneous | | |
| Trip Dates | From | | To | | Total Estimated Cost | |
| | | | | I will travel by | Air | |
| | | | | Car | | |

****Advance Request****

After approval, submit original to the Finance Division if an Advance Check is desired.
Allow 30 Calendar Days to Process Advance Check Request

A.) Funds will be advanced for airfare, lodging and registration ONLY. Other approved expenses will be reimbursed.

B.) \$50.00 minimum Advance Check Request \$ _____

C.) Maximum of \$26.00 per day reimbursement for 3 meals. Total amount determined by time of departure and return.

ADVANCE CHECKS WILL BE PLACED IN SCHOOL MAIL FOR DELIVERY

Trip canceled _____ Check Returned _____

Comments if applicable _____

I certify that I have read and understand the travel regulations governing this document **VENDOR #**

_____/_____
Traveler's Signature Date

APPROVED BY:

_____/_____
Approval Signature Date

_____/_____
Approval Signature Date

_____/_____
Accounting Date

For Accounting Use Only:

Check No. _____

Date _____

Amount _____

