Berkeley
PUBLIC SCHOOLS

TRAVEL APPROVAL FORM

Please submit 30 days in advance of travel for processing

TRAVEL FORM NO: XXXX

PO#

Please see reverse side for detailed instructions on completing this form

TRAVEL INFORMATION

NAME:	TITLE:	TODAY'S DATE:
WORK SITE:	DESTINATION:	EMPLOYEE PHONE NO:

TRAVEL DATE(S):	Sub. Required: YES ☐ NO ☐	Estimate Cost of Substitute:

PURPOSE OF TRAVEL: (check one) ☐	In-Service Training ☐	Conference ☐	Meeting/Seminar	Number of Work Days Absent:

DESCRIPTION OF TRAVEL:

PROJECTED COST INFORMATION

LINE	REGISTRATION*	AIRFARE*	LODGING*	MEALS	TRANSPORTATION	PARKING/TOLL	MILEAGE	OTHER
TOTAL								

TOTAL PROJECTED EXPENSES:	
TOTAL EXPENSES TO BE PAID BY DISTRICT*:	
TOTAL EXPENSES TO BE REIMBURSED: (Amount to be used for Expense Reimbursement Claim Form)	

ALL purchases must be itemized on Expense Reimbursement Claim Form and submitted to Accounting

AUTHORIZATION INFORMATION

Employee's Signature: _____ (I certify that the actual costs shown above are true and correct)

Date: _____

SUPERVISOR'S APPROVAL: _____   DATE: _____

POSITION/TITLE: _____

BUDGET ADMINISTRATOR APPROVAL: _____   DATE: _____

Cabinet Level Approval for Out of State Travel: _____

Budget Code	FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	LOCATION	B.A	DIST DEF	AMOUNT
										$ _____
										$ _____
										$ _____
										$ _____

Oct-23