

Little Wound School Board
Little Wound School
Travel Authorization

Travel Number: _____ Date: _____

Name: _____ Department: _____

Destination From: _____ To: _____

Time Departures (Hr/Dt): _____ Return (Hr/Dt): _____

Purpose of Travel: _____

Estimated Expenses:

Air Fare: _____

Mileage (Personal Vehicle): _____ miles @: _____

Taxi, Limousine, Etc.: _____

Car Rental: _____

Per Diem: Lodging: _____ nights @: _____

Meals: _____ quarters @: _____

Registration Fee: _____

Other: _____

Total Estimate: _____

Account: _____ **Check:** _____ **Total Advance:** _____

I understand that I have fourteen (14) days to turn in all receipts. If I do not turn in any receipts within fourteen (14) days, I give Little Wound School Business Office permission to deduct any travel out of my payroll check(s).

Traveler: _____

Signature

Date

Supervisor/Director: _____

Signature

Date

Superintendent: _____

Signature

Date

Approved/Business Manager: _____

Signature

Date
