## TRAVEL AUTHORIZATION

**Date Submitted** 

Principal's Office File, sender

Haywood County Schools 1230 N. Main Street Waynesville, NC 28786

Approval is contingent upon availability of funds and subject to policy limitations. Type Travel Requested: Name: \_\_\_ In-State Excess In-State Travel Out-of-State Travel Department/School: Out-of-State Excess \_\_\_ Out-of-County Travel \_\_\_ Out-of-County Excess Position: \_\_\_ Blanket Travel \_\_\_\_ Non-State Employee Travel Travel to (City and State): \_\_\_\_ Revised Request \_\_\_ Excess Registration/Lodging \_\_ Other \_ Mode of Transportation: School Vehicle Available: \_\_\_\_\_Yes \_\_\_\_\_No Dates of Travel: Subsistence Expenses – Maximum per day: \$ Beginning Date: Time: Registration Fee: \$ **Ending Date:** Total Estimated Expenditure: \$ Time: Budget Code or Source of Funds: Expenses Code Amount Lodging \_\_·\_\_·\_\_\_·\_\_\_·\_\_\_·\_\_\_·\_\_\_·\_\_\_ Meals Registration Other (Specify) Total Amount \_\_\_\_\_ Travel Purpose, Workshop, Location and Explanatory Remarks: Complete when requesting excess expenses: Explanation of need to incur the excess: Number of conferences, conventions, meetings, etc., attended within the last twelve months: Signature: Principal/Supervisor Approval: Comments: Copies to: Finance Office