

THE TROY SCHOOLS Travel Request/Report

Purchase Order No. _____

Vendor Number _____

Budget Code: _____

Budget Code: _____

Name _____		Date _____
Department / Building _____		
Request permission to attend _____		
Location _____		
Date(s) _____		
EXPENSES PREPAID BY TROY SCHOOLS:		ESTIMATED EXPENSES
Registration Fees - Paid on Separate Purchase Order _____		XXXXXXXXXX
Lodging Expenses - Paid on Separate Purchase Order _____		XXXXXXXXXX
Total prepaid expenses	(a)	XXXXXXXXXX
EXPENSES FOR REIMBURSEMENT (paid personally):		EXPENSES
* All receipts must be attached for reimbursement.		Complete this column for reimbursement
Registration Fees (Need receipt or cancelled check) _____		
Lodging _____		
Meals _____	Reimbursement maximum: Breakfast \$10.00, Lunch \$10.00, Dinner \$25.00	
Other _____		
Mileage _____ miles @ _____ cost per mile		
Total expenses for reimbursement	(b)	
Grand Total (a + b)		
It is understood that the approval of this is contingent upon evidence of adequate preparation for the continuation of the educational process. (Lesson plans, etc.)		INITIAL FOR REIMBURSEMENT
Employee Signature _____		
Principal/Director/Supervisor _____		
Superintendent _____		
COMMENT/CONDITIONS _____		

TREASURER'S CERTIFICATE

Note: Treasurer's Office must be notified if cancellation or No expenses.

IT IS HEREBY CERTIFIED THAT THE AMOUNT REQUIRED TO MEET THE CONTRACT, AGREEMENT, OBLIGATION PAYMENT OR EXPENDITURE, FOR THE ABOVE HAS BEEN LAWFULLY APPROPRIATED OR AUTHORIZED OR DIRECTED FOR SUCH PURPOSE AND IS IN THE TREASURY OR IN PROCESS OF COLLECTION TO THE CREDIT OF THE FUND FREE FROM ANY OBLIGATION OR CERTIFICATION NOW OUTSTANDING.

TREASURER

DATE