EDUCATIONAL SERVICE DISTRICT 123

**EMPLOYEE OUT-OF-REGION APPROVAL FORM**

**EMPLOYEE MUST OBTAINED A COMPLETED AND APPROVED FORM PRIOR TO TRAVEL DATE (print on Yellow paper).**

***(Click/Tab to navigate and enter information)***

|  |  |
| --- | --- |
| Employee Name:  Position Title: | **Agenda** or **E-Mail about conference/meeting must be attached to this form** |
| Title of Conference/Meeting: |  |
| Date(s) of Conference/Meeting: | **Out of** **State?** Yes  No  **(Yes - Board Approval Required)** |
| Location of Conference (i.e. city, county): | **Date Board Approved:** |
| Hotel: | **Hotel Phone #:** |

**Duration of Travel Status:**

**Departure Date:**       **Departure Time:**

**Return Date:**       **Return Time:**

***(Check boxes next to services needed)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Service needed?* | ***Estimated Costs:*** |  | *Service needed?* |  |  |
|  | 1. ***Meal Costs Taxable? Yes  No*** | $0.00 |  | ***D. Mileage Cost*** | $0.00 |
|  | 1. ***Airline Ticket Costs\**** | $0.00 |  | ***E. Parking Cost*** | $0.00 |
|  | ***Best Deal  / Full Flex*** |  |  | ***F. Lodging Cost\*\**** | $0.00 |
|  | *\*Please attach a copy of desired itinerary if available* | |  | ***\*\*Exception #***      *(if applicable)* |  |
|  | 1. ***Conference Registration Fee*** | $0.00 |  | ***G. Other Cost*** | $0.00 |
|  | ***D. Rental Car Cost*** | $0.00 |  | ***Lodging Per Diem Allowed*** |  |
|  |  |  |  | ***(to be complete by Fiscal Office)*** |  |
|  |  | ***Total Estimated Trip Cost (total A thru F)*** | | | $0.00 |

Account Code Distribution      (Meal) 8031 $0.00

**P-card Authorization** (for travel coordinator)

Account Code Distribution      (Airline) 8021 $0.00

Account Code Distribution      (Regist.) 7150 $0.00

*Signature*

Account Code Distribution      (Rental car) 8041 $0.00

Account Code Distribution      (Mileage) 8001 $0.00

Account Code Distribution      (Parking) 8051 $0.00

Account Code Distribution      (Lodging) 8011 $0.00

Account Code Distribution      (Other) 8061 $0.00

***Traveler’s Notes/Comments (i.e. Account Code Distributions, Flight/Seat assignment preference, etc.****:*

Employee Signature:       Date:

|  |  |  |
| --- | --- | --- |
| Fiscal Department Review |  |  |
|  | By | Date |

**Approved By:**

Date

Administrator

Date

Superintendent