FULTON INDEPENDENT SCHOOLS
EMPLOYEE TRAVEL AUTHORIZATION AND TRAVEL VOUCHER FORM

FCBoE 101

EMPLOYEE TRAVEL AUTHORIZATION

PLEASE COMPLETE AND SUBMIT THIS HALF OF THE TRAVEL FORM TO YOUR IMMEDIATE SUPERVISOR, WELL IN ADVANCE OF YOUR TRIP. ONCE APPROVAL AND CODING HAVE OCCURRED, THIS FORM WILL BE RETURNED TO YOU, SO THAT YOU MAY COMPLETE THE VOUCHER SIDE.

NAME: _____
DESTINATION: _____
PURPOSE OF TRAVEL: _____
SCHOOL &/OR PROGRAM: _____
METHOD OF TRAVEL: _____
DATE OF DEPARTURE: _____
DATE OF RETURN: _____

CHECK ANY ITEM BELOW THAT APPLIES TO THIS TRIP:

___ Travel with students.
___ Travel with students overnight, as approved by BOE.
___ Travel without students.
___ Substitute Teacher required for these dates: _____
___ Overnight trip. (Note: If this trip requires hotel reservations and/or registration, please complete and submit Room Reservation/ Conference Registration form to Kim Farmer at the earliest possible date.)

SIGNATURE: _____
DATE: _____

APPROVAL

PROGRAM CATEGORY: _____

CODE: _____

_____ _____
SUPERVISOR's SIGNATURE DATE

_____ _____
SUPERINTENDENT's SIGNATURE DATE

TRAVEL VOUCHER FOR REIMBURSEMENT

PLEASE COMPLETE AND SUBMIT THIS HALF OF THE TRAVEL FORM TO YOUR IMMEDIATE SUPERVISOR, AS SOON AS YOU HAVE RETURNED FROM YOUR TRIP. STAPLE ALL RECEIPTS TO THE BACK OF THIS FORM. **(STAPLE BOARD CREDIT CARD RECEIPTS TO THE BACK, SEPARATELY.)**

I request reimbursement for the following amount, based on this itemized voucher and attached receipts: _____

_____ _____
SIGNATURE OF CLAIMANT DATE

TOTAL EXPENSES									
MILES DRIVEN									TOTAL
PARKING, TOLLS, TIPS									
HOTEL									
DINNER									
LUNCH									
BREAKFAST									
DATE									