

INSTRUCTIONS:

Form should be completed and all copies submitted at least 10 days prior to departure, 45 days if \$600 or over to allow ample time for Board Approval. Appropriate literature regarding conference and any exception approvals should be submitted with form. **(Retain copy for your records). See New Travel Policy Instructions for details.**

Web site address <http://business.mcps.com>

**APPLICATION FOR
TRAVEL AND
REIMBURSEMENT**

DATE:

Applicant's Name	Position	School/Department
Home Address		City/State/Zip
Title Of Conference	Location	Conference Dates

Check One: Business In-Service Professional Consultant Other
 Check One: Airline (Personal Expense) Airline (Prepaid by Board) Personal Vehicle County Vehicle Other
 Meals furnished at Conference - Yes No # furnished _____

Estimated Expenses

Registration \$ _____
 Accommodations _____
 Meals _____
 Travel _____
 Total \$ _____

Prepaid Expenses

Prepaid registration \$ _____
 Prepaid Air Fare _____
 Prepaid Hotel _____
 Total Prepaid Expenses \$ _____
Grand Total Estimated
Expenses & Prepaid Expenses \$ _____
 (Board approval if over \$600)

 Signature of Applicant Requesting Travel/ Date

 Signature of Supervisor (Required) Date

 27-Digit Account Number

 Signature of Division Head (if \$600 or over) Date

REIMBURSEMENT REQUEST

INSTRUCTIONS: This form should be submitted within 5 workdays following return. Receipts for registration fees, lodging and meals should be submitted for actual reimbursement with this form and entered by day

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	
Date and time of departure/arrival home									
Registration Fee									
Phone Calls - System Business									
Taxi/Limo/Bus									
Lodging									
Meals									
Auto Mileage reimbursement (enter miles)									
Mileage X \$0.485 per mile									
Other travel expense amount (give remarks)									
Remarks: Attachment if more room needed	Additional Expense Per Attachment (if applicable)							\$	
								Total Expenses	\$
								Less Prepaid Expenses	\$
								Total Reimbursement Requested	\$

I certify to the accuracy of these travel expenses and their compliance with the travel procedures and policy of the Mobile County Public School System.

 Signature of Applicant Requesting Reimbursement Date

 Authorization to Pay - Signature of Supervisor

 Date

 Division Head (if \$600 or over)

 Date