



EMPLOYEE TRAVEL AUTHORIZATION FORM

KENT SCHOOL DISTRICT

A Travel Authorization Form is required for travel outside of the district when there is an overnight stay and/or meal or parking reimbursement. This form must be completed and signed **BEFORE** the trip begins. If you have questions, please refer to the "Travel Quick Reference Guide" located on the Accounting home page.

Name of Traveler Dr. Calvin J. Watts Location SO Phone 253-373-7701
Home Address 26214 - 125th Place SE City, ST, Zip Kent, WA 98030
Purpose of Travel 2016 ERDI Summer Institute City, ST, Zip St. Louis, MO

Travel Dates: From July 9, 2016 Through July 12, 2016 Vacation (enroute) _____ to _____

REGISTRATION: Please attach a copy of conference schedule/registration

Registration to be paid with (check one) P-card Personal Funds P.O. = \$ _____

PER DIEM (Meal & Incidental Expense)

Daily Per Diem \$ _____ x No. of Days _____ ERDI is paying for food stipend = \$ 0.00
 Departure/Return Days _____ x ¾ of Daily Per Diem _____ = \$ 0.00
 Total Per Diem = \$ 0.00

METHOD OF TRAVEL: Airfare/Transportation ERDI is paying for air travel

Self - purchase Yes No (If no, Contact Purchasing Department) = \$ 0.00

Personal Vehicle Mileage _____ Miles @ Current Mileage Reimbursement Rate _____ = \$ 0.00

LODGING:

\$ _____ Per Day x _____ Days ERDI is paying for lodging = \$ 0.00

Lodging prepaid by PO or check Yes No TRAVEL CARD NEEDED Yes No
 PER DIEM CHECK NEEDED Yes No

Other: Transportation, ferries, taxi, rental car, etc. ERDI to pay \$100 toward ground transportation = \$ _____

TOTAL ESTIMATE FOR EMPLOYEE TRAVEL ONLY MAY 12 2016 = \$ 0.00

TRAVELER'S SIGNATURE: [Signature] 5/11/16 Date IMMEDIATE SUPERVISOR: Karen DeBruler 5/11/16 Date

BUDGET APPROVAL _____ Signature Required _____ 10 - E - 530 - 9700 - 12 - 8000 - 720 - 0100 - 0000
FUND PROG ACT OBJ LOC COST CTR PROJ
Charge to Account #

Division Head _____ Date _____

International Travel: Superintendent _____ Date _____

ASB TRAVEL EXPENSES: Approx. Cost _____ 40 - E - 530 - _____ - XX - 8000 - _____ - _____ - _____
Please attach list FUND PROG ACT OBJ LOC COST CTR PROJ
Charge to Account #

ASB CASHIER APPROVAL _____ STUDENT APPROVAL _____ Date _____

Travel Card Assigned _____ ACCOUNTING DEPARTMENT Per Diem Check # _____