

MCOE Employee Travel Request Form

Name _____ Position _____ Date _____

Department/Funding Source _____

I HEREBY REQUEST AUTHORIZATION TO ATTEND _____
 Conference/Meeting/Workshop Title

at _____ on _____ through _____
 date date date

JUSTIFICATION OF REQUEST

Substitutes are required for _____ days.
 (If none, enter -0-)

For Business Office
 Use only
 ACTUAL EXPENSES

ESTIMATED COSTS

Cost of substitutes	_____	_____
Number of business auto miles established rate per mile	_____	_____
Cost of meals Actual Per Diem	_____	_____
No. of days lodging _____ at _____	_____	_____
Name of Hotel/Motel	_____	_____
P.O. Number	_____	_____
Conference Fees	_____	_____
P.O. Number	_____	_____
Parking Fees	_____	_____
Other Transportation	_____	_____
Name of Carrier	_____	_____
Other Costs (Explain)	_____	_____
TOTAL	_____	_____

This request is approved _____
 Dept/Div Head Date

Account Number to be charged _____
 Superintendent must approve all travel outside the state of California

 Superintendent Date

FOR BUSINESS OFFICE ONLY

Comments:

Approved for Payment

 Internal Services