



# HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

## REQUEST FOR TRAVEL AUTHORIZATION

☐ Hanover Park      ☐ Whippany Park      ☐ District



Name \_\_\_\_\_

Please provide the following information about the travel authorization you are requesting:

Is the Requested Activity: Out of State? ☐ Yes ☐ No      Involve an overnight stay? ☐ Yes ☐ No

Name of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Activity Location: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

General Nature of Activity and Reason for Attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Time to be Missed: ☐ None    ☐ Full Day    ☐ Half-Day Morning    ☐ Half- Day Afternoon    ☐ Other

Coverage Needed for Following Times: \_\_\_\_\_

Please provide information concerning your anticipated travel and expenses:

Estimated Activity Registration Costs will be: \_\_\_\_\_

Transportation to the Activity by:

☐ Automobile      Estimated Mileage and Tolls: \_\_\_\_\_

☐ Other; Please Specify: \_\_\_\_\_ Estimated Fare: \_\_\_\_\_

Will there be any Lodging Expenses? ☐ Yes Estimated Amount \_\_\_\_\_ ☐ No

Will there be any Meal Expenses? ☐ Yes Estimated Amount \_\_\_\_\_ ☐ No

**NOTE:** All travel and travel related expense reimbursement must be in accordance with N.J.A.C. 6A: 23B. Travel policies and rates of reimbursement are governed by the contractual agreements and by the New Jersey Department of Treasury (NJOMB Circular A-87).

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Budget Account to be Charged:	Approvals:		
	Supervisor	Principal	Superintendent

**SUBMIT TRAVEL REQUESTS AT LEAST TEN (10) DAYS PRIOR TO THE FIRST BOARD MEETING OF THE MONTH**