

ITEMIZATION OF ESTIMATED COST OF OVERNIGHT TRAVEL						
A. ESTIMATED EXPENSES			B. METHOD OF FINANCE			
Category	Description	Cost*	<i>Please list amounts to be paid by category:</i>			
			Individual	Group	District** OBJ/Amount	Other***
Registration					366/	
Transportation					365/ or 366/	
Lodging					366/	
Food					366/	
Substitute	Number of days: x Cost/Day Inc. Fringes (Obtain from Payroll)				145/	
Miscellaneous						
<b>TOTALS</b>						

Please note:

\* Cost of "A. Estimated Expenses" must equal Total of "B. Method of Finance"

\*\* If financed through your budget, please enter account code to which this is to be charged:  
FUND BLDG PRO CC FIN OBJ

\_\_\_\_\_ XXX (see above)

\*\*\* If you have placed an amount in the "Other" column, please explain this method of finance below.

8.24.2020

Total*

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