

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***	Total*
Registration					366/		
Transportation					365/ or 366/		
Lodging					366/		
Food					366/		
Substitute	Number of days: x Cost/Day Inc. Fringes (Obtain from Payroll)				145/		
Miscellaneous							
TOTALS							

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.

6.27.2022