

## North Central Education Service District

## TRAVEL AUTHORIZATION REQUEST-2022 One request per employee for Out-of-District & Out-of-State Travel

Name:	ame:				Travel Dates:			
Name of Semir	nar/Workshop/0	Other:						
Destination:								
Relevance to J	ob Assignmen	t:						
Registration Fe	ee: <u>0</u>							
Travel Schedule	<u> </u>							
Date/Time	Depart from Location	Arrive at Location	Fare or Mileage*	Breakfast \$7.00**	Lunch \$15.00**	Dinner \$30.00**	Lodging Rate	
			······ougo	Ψ.100	<b>V.0.00</b>	<b>400.00</b>		
TOTAL								
*IRS mileage rate 1			cost reimbur	sed with receip	ots (including	20% gratuity).		
<u>Itemized receipts </u>	<u>required for reim</u>	ibursement.						
Parking Fees (w	vith receipt):		Othe	er Costs:				
Total Cost: Budget Codes:								
Please Note: This state for purposes of								
Approved Denie	ed							
Superintendent					Date			
Board Approval:		S Date:						

<sup>\*</sup>Each employee requesting out of district/out of state travel reimbursement must attach this form to their travel reimbursement form.