



TRAVEL AUTHORIZATION

Name: _____ **Title:** _____ **No.** _____

Warrant Mailing Address: _____ **Date** _____

Address _____ City _____ State _____ Zipcode _____ **Work St** _____

PURPOSE OF TRIP

Charge to (Coding):

DATE	EXPLANATION	MILES	RATE	MILEAGE OR FARE	CASH	MEALS OR DIEM	PER	ACCOMODATIONS	OTHER EXPENSES
		0	\$0.000	\$0.00		\$0.00		\$0.00	\$0.00
SUB-TOTALS				\$0.00		\$0.00		\$0.00	\$0.00

<p>CERTIFICATION: The facts stated herein or on supporting documents are correct and in accordance with established travel regulations.</p> <p>_____ Claimant's Signature</p> <p>_____ Principal's Signature</p> <p>_____ Superintendent's Signature</p>	TOTAL ACTUAL COST	\$0.00
	FINAL PAYMENT (Business Office)	
	ACCOUNT CODE	