



Travel Authorization Form (Policy DKC)

EMPLOYEE INFORMATION

Name:

School / Dept:

Position:

TRAVEL PLANS

Depart Date:

Return Date:

Destination(s):

Business Purpose:

ESTIMATED COSTS

Transportation:

District Vehicle

Personal Vehicle

Estimated Miles:

Registration Fee:

Cost of Lodging:

Cost of Meals:

Cost of Airfare:

Other:

APPROVALS

Employee Signature:

Principal Signature:

District Supervisor Signature:

Superintendent Signature:

_____ (Out-of-State Only)

**** Attach registration forms, conference agendas, and any other documentation ****