

(Conference, Meeting, Workshop, etc.)

**ADMINISTRATOR or
STAFF MEMBER
APPLYING**

Print/type

SUBSTITUTE NEEDED: Yes No

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

SIGNATURE OF SUPERINTENDENT: _____ **DATE:** _____

Revised 7/1/16

ESTIMATED TRAVEL EXPENSES

For reimbursement of expenditures, complete the TRAVEL EXPENSE STATEMENT form, attach all receipts, and submit with this SIGNED EXCUSED ABSENCE form to the Accounts Payable Department. Reimbursement will be processed for the authorized expenditures up to the dollar limit for which the trip was approved, unless there is written approval for any additional expenditures from the Budget Authority.

BUDGET

Code Number

Dept. or Funded Project

Business Office Approval

EXPENSE

ESTIMATED COST REQUEST

TRANSPORTATION

	TO BE REIMBURSED	TO BE PAID BY P.O.	FOR AUDIT USE ONLY
A. Automobile ___ miles at \$ ___ per mile	\$ _____	\$ _____	\$ _____
B. Bus ___, Train ___, Plane (must book through Direct Travel 802-655-8866, option #1), Riding w/Other Participant ___, District-owned Vehicle ___ (receipts required)	\$ _____	\$ _____	\$ _____
C. Thruway Tolls (receipts required)	\$ _____	\$ _____	\$ _____
D. Other Tolls/Parking Charges (receipts required)	\$ _____	\$ _____	\$ _____
E. Transportation to and from Airport, Train Station or Bus Station (receipts required)	\$ _____	\$ _____	\$ _____

LODGING AND MEALS

A. Hotel Expenses/Lodging Costs only (receipts required)	\$ _____	\$ _____	\$ _____
B. Meals*: (Rates per http://www.gsa.gov/portal/category/100120)			
___ Breakfasts** (based on GSA rates)	\$ _____	\$ _____	\$ _____
___ Lunches (based on GSA rates)	\$ _____	\$ _____	\$ _____
___ Dinners*** (based on GSA rates)	\$ _____	\$ _____	\$ _____

* Meals provided at the event will not eligible for reimbursement.

** To qualify for breakfast reimbursement, travel departure from Syracuse must be before 6am.

*** To qualify for dinner reimbursement, the return to Syracuse must be after 7pm.

OTHER EXPENSES – e.g. Registration Fees - (receipts required)	\$ _____	\$ _____	\$ _____
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SUBTOTAL EXPENSES: \$ _____

TOTAL TRAVEL COST: \$

Name _____ Building _____ Date _____