

# PRIOR APPROVAL FORM

## For Conferences, Seminars, Workshops & Overnight Travel

PR # \_\_\_\_\_ PO # \_\_\_\_\_

Prior approval must be obtained for travel related to conferences, seminars, workshops, student athletics and activities (including field trips), recruiting trips and out-of-district overnight meetings. For detailed information on district travel policies, please refer to Board Policy 6213 and Regulation 6213R.

Estimate all expenses related to the travel event and route to the appropriate personnel for approval. Print a copy for your records (or save this file to your computer).

To claim reimbursement after the travel event has occurred, please complete the **Travel Claim Form** located under the forms section of the accounting intranet website:  
<http://intranet.puyallup.k12.wa.us/edsupport/accounting/acct-forms.cfm>

If prepayment for any travel item is requested, attach a **Check Request Form** and other necessary documentation (e.g. completed registration form) to the Prior Approval Form prior to routing for approval signatures.

If a purchase order for any travel item is requested, attach necessary documentation to this form prior to routing for approval signatures.

Employee Name: _____	Conference: _____
Employee Number: <u>E</u> _____	Destination: _____
Work Location: _____	Departure Date: _____
Registration Vendor: _____	Return Date: _____

**SUBSTITUTES:**                      Yes      No

Substitute Required?                      # of Days: \_\_\_\_\_      Dates: \_\_\_\_\_

Sub Requested: \_\_\_\_\_                      Sub Spot #: \_\_\_\_\_      Job #: \_\_\_\_\_

Sub Office Use Only

<b>TRAVEL INVOLVING STUDENTS:</b>		Yes	N/A	Yes	N/A	Yes	N/A
Form 2320F1 Complete?	Form 2320F5 Complete? (if applicable)					Bus Request Complete? (if applicable)	

ESTIMATED TRAVEL EXPENSES:	METHOD OF PAYMENT (Check One):			
	PO	Proc Card	Ck Request	Reimb
5749 Registration Fees	\$ _____			
5849 Transportation (airfare, train, shuttle and/or parking fees)	\$ _____			
5849 Car Rental	\$ _____			
5849 Lodging	\$ _____			
5848 Mileage                      # Miles _____      x .585 / mile	\$ _____			Reimbursement Only
5847 Per Diem *                      # Days _____      x \$69 / day	\$ _____			Reimbursement Only
<b>TOTAL ESTIMATED TRAVEL EXPENSES</b>	<u>\$ _____</u>			

\* For Prior Approval purposes, Per Diem Allowance (for meals & incidentals) is estimated at \$44/day. Actual amount paid to employee will be calculated by the Accounting Department based on travel destination upon submission of the Travel Claim Form.

\_\_\_\_\_  
Employee Signature                      Date

**APPROVAL:**

Supervisor	Date
Principal/Program Dir	Date
Budget Authority (if different from above)	Date
Executive Director of Education	Date
Athletic Director (for athletic travel only)	Date
Superintendent	Date
Board	Date
ASB Officer (for ASB travel only)	Date

BUDGET CODE(S):	AMOUNT OR %:
_____	_____
_____	_____
_____	_____

Route this form for Supervisor, Principal/Program Director, and Budget Authority approval for all travel events.

**\*Chief Financial Officer Approval is required** for in-state non-overnight travel involving students and ALL overnight, out-of-state and international travel.

**\*Athletic Director approval is required** for travel related to athletics.

**\*Superintendent approval is required** for in-state overnight travel involving students and ALL out-of-state/international travel.

**\*Board approval is required** for out-of-state travel involving students and ALL international travel.

**\*ASB Officer approval is required** for travel paid out of ASB funds.