Business SE 3420.00a

## MENDOCINO COUNTY OFFICE OF EDUCATION

## TRAVEL REQUEST FORM

(FOR OUT OF COUNTY, OUT OF STATE, CONFERENCE, OR NON-ROUTINE TRAVEL)

Name: _				Date Submitte	e Submitted:						
Reason f	for Travel (att	tach flye	er/agenda if p	ossible): _							
Location	:										
			(Please fil	l-in dollars	s amounts a	and/or check b	oxes as app	ropriate.)	)		
Meals, Lodging, and In				nd Incider	ncidentals			Disbursement of Payment			
Per Diem:				#	of days	Total	75%	75% Adv		Reimburse PO (attach)	
Meals/Incidental					=	\$					
Lodging											
Standard Lodging					=	<u>'</u>					
High-Cost Lodging * (pre-authorization required)				d)	=	\$					
Transpo											
Automob		# of m	niles x (currer	nt rate of 65	5.5¢/mile)	\$					
Air Fare						\$				\$	
Car Rent						\$				\$	
	olls/Parking					\$				\$	
	tion Fee(s)					\$				\$	
TOTAL	TOTAL AMOUNT PROJECTED					\$					
I WIII TEI	игп ану сазы	l aavan	CE NOI avcum	leniea wun	<i>receipis</i> ин	d/or authorize	а аваисноп	Jrom my	рау жаттані.		
			ORI			FC	T DD	0/2	Annroyed	Not To	
FD	ee Signature:  RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (###)	FC (####)	DD (####)	%	Approved Estimate	Not To Exceed	
	RS	Y	OBJ	SCH	GL	_		0/0		Not To Exceed	
FD	RS	Y	OBJ	SCH	GL	_		9/0			
FD	RS	Y	OBJ	SCH	GL	_		%			
FD	RS	Y	OBJ	SCH	GL	_		%			
FD	RS	Y	OBJ	SCH	GL	_		9/6			
FD (##)	RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (####)	_	(####)		Estimate		
FD (##)	RS (####)	Y (#)	OBJ (####) budget. This	SCH (###)	GL (####)	(####)	(####)  nd sufficient	funds are	Estimate		
FD (##)  I have re  Supervis	RS (####)	Y (#)	OBJ (####) budget. This	SCH (###)	GL (####)	(####)  the program a	nd sufficient Date:	funds are	Estimate  e available.	Exceed	
FD (##)  I have re Supervis Director:	RS (####)  eviewed the proor:	Y (#)	OBJ (####) budget. This	SCH (###) travel is ap	GL (####) opropriate to	o the program a	nd sufficient Date: Date:	funds are	Estimate  available.	Approved/Denied	
FD (##)  I have re Supervis Director:	RS (####)  viewed the proor:  ible Cabinet I	Y (#)	OBJ (####) budget. This	SCH (###)	GL (####)	o the program a	nd sufficient Date: Date: Date:	funds are	Estimate  available.	Approved/Denied Approved/Denied	
I have re Supervis Director:	RS (####)  viewed the proor:  ible Cabinet I	Y (#) rogram Member	OBJ (####) budget. This	sch (###) travel is ap	GL (####) opropriate to	the program a	nd sufficient Date: Date: Date: Superinte	funds are	Estimate  available.	Approved/Denied Approved/Denied Approved/Denied	
I have re Supervis Director: Responsi	RS (####)  viewed the proor:  ible Cabinet I	Y (#) rogram  Member  High-	OBJ (####) budget. This cost lodging ce:	sch (###) travel is ap	GL (####)  ppropriate to	the program a	nd sufficient Date: Date: Date: Superinte	funds are	Estimate  available.  designee *	Approved/Denied Approved/Denied Approved/Denied	

(This signed form and agenda or conference flyer must be submitted with the Expense Claim form and **original receipts** when reimbursement is requested.)

Exhibit adopted: April 26, 2000 Revised: January 03, 2023