

NYE COUNTY SCHOOL DISTRICT PREAUTHORIZATION FOR TRAVEL / TRAINING

All completed forms must be submitted to the Superintendent for approval.

Conference/Training: _____ Date of Travel: _____

Location: _____ Funding Source: _____

Participant's Name as it appears on Driver's License & DOB	Participant's verification signature

By signing this form, participants are verifying that they understand the following:

- * All scheduled conference sessions and training events will be attended in their entirety.
- * Upon completion of all professional development conferences and trainings, attendees will be prepared to train other district staff on the content of the training and complete a conference evaluation form.
- * Licensed personnel traveling outside of contract days, will not be compensated for the time.

Registration cost per attendee: _____

Airfare cost per attendee: _____

Lodging cost per attendee: _____

Lodging **Check in** date: _____

Lodging **Check out** date: _____

Per Diem GSA Rate: _____

Miscellaneous Fees (parking mileage, rental car): _____

Total Estimated Cost per attendee: _____

Total Estimated Cost Overall: _____

If a personal vehicle will be used, provide explanation: Yes ___ No ___

Approved leave submitted: Yes ___ No ___

Will travel be reimbursed by another agency: (if so, who) Yes ___ No ___

Will a substitute be required: Yes ___ No ___

Additional comments: _____

Submitted by: _____

Principal or Department Head Signature: _____

Internet will not be reimbursed by district:

Grant Dept. 9/7/2018

_____ Coordinator of Federal & State Programs Approval	_____ Superintendent Approval
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