

# Elizabethtown-Lewis Central School District

FOR OFFICE USE
#
Cross Contract

## REQUEST FOR APPROVAL OF CONFERENCE AND/OR TRAVEL

### **INSTRUCTIONS**:

Submit completed form to your Administrator/Supervisor at least (30) THIRTY DAYS prior to date of travel if possible. IF A TRAVEL ADVANCE IS REQUESTED, PLEASE COMPLETE REVERSE SIDE OF THIS FORM. COMPLETION OF THE ATTENDANCE AND/OR TRAVEL FORM REQUIRES VERBAL APPROVAL FROM THE SUPERINTENDENT.

ATTENDANCE AND/OR TR	AVEL FORM REQUII	RES VERBAL APPRO	VAL FROM THE	SUPERINTEN	DENT.
	Conference or Meeting	Number of Staff (Sta	ff members cannot	incur any avna	nsas)
Overni	ight and/or Out-of-State	e Student Field Trip			
Name:		Destination:			
Name:	First				
Purpose of Trip/Conferen	ce/Meeting:				
Departure Date:	Time:	Retu	rn Date:	Time:	:
Name of Class:			N	umber of Stu	idents:
ITEMIZE ANTICIPATED EX	PENDITURES BELO'	W			
Y 1 1 Y 1 1 Y			Φ.		FOR OFFICE USE
Lodging: Hotel Name Meals (Itemized receipts v	will be required)	PO#	\$		
Breakfast - \$10.00, Lunch - \$	§15.00, Dinner - \$20.00				
Registration (Verification					
Reimbursable mileage (spe	vendor/conference prov	vider			
Transportation (specify pro	oposed contractor)	WILLS @ <u>\$.</u>	\$		
Other – Specify (Receipts	Required for Reimburs	ement)			
TOTAL ESTIMATED EX			\$		
LESS AMOUNT TO BE OF			\$		
Signature:			Date	·•	
В	E SURE ALL REQ	UIRED DOCUME	NTS ARE ATT	ACHED	
RECOMMEND	ED BY:	Revie	ew for Professiona	l Developmen	t Hours for TEACH
Signature:				_	
Administ.	rator/Supervisor				
				OMMENDED:	
Date:		— ∥ ⊔	APPROVAL	<b>□</b> DIS	APPROVAL
Code:		Signa	ture <u>:</u>		
			Superinte	endent of Schoo	
		Date:			

## REQUEST FOR TRAVEL EXPENSE ADVANCE

#### **INSTRUCTIONS:**

Complete this form to request a travel expense advance. In accordance with Section 77-B of the General Municipal Law, a <u>Travel Expense Advance</u> may be made for authorized travel. An Expense Voucher must be completed and supported by appropriate documents such as the hotel bill, convention registration receipt, itemized meal receipts, etc. The payment will be reduced by the amount of the advance or, in the event the advance is more than the amount due, the excess must be returned to the Treasurer of the District by personal check.

Name:			
Name:	st	First	Middle
Address:			
Amount of Advance Req	uested: \$		
Signature:			
Travel Expense Advance	:: \$		_
	AUTHORIZED		☐ DISAPPROVED
Signature:	Superintendent of	Schools	Date:
AMOUNT OF TRAVEL AI WILL NOT BE ISSUED FO		SS THAN THE	ESTIMATED EXPENSES AND ADVANCE CHECKS
		FOR OFFICE	USE
TO THE DISTRICT TRI	EASURER:		
I certify that this voucher	has been audited and allo	wed in the amou	ant of \$ You are hereby authorized
and directed to pay the cl	aimant the amount allowed	d and charge to t	the proper fund.
Vendor #:			Auditor
Code:			 Date