

TRAVEL REQUEST FORM
Radford City Schools

After completion, this form is to be submitted to the Principal or immediate supervisor. If he/she approves the absence on the day(s) specified, the request must then be submitted in **triplicate** to the Superintendent for final authorization. If authorization is granted, this form must be re-submitted with **all receipts**, detailing the actual costs of travel.

Name (please print): _____ **Position:** _____

Purpose of Travel: _____
You must attach a copy of the written conference or meeting announcement, if available.

Sponsoring Organization: _____

Travel Date(s): _____ **Location:** _____

Hotel (if applicable): _____

Number of Students Traveling: _____ **Type of Travel:** ___ Elective ___ Non-Elective

EXPENSES	REQUEST FOR AUTHORIZATION		CLAIM FOR REIMBURSEMENT	
	Number	Anticipated Cost	Number	Actual Cost
Mileage	_____ x .30		_____ x .30	
Meals				
Night's Lodging				
Registration Fee				
Parking				
Other Expenses (specify below)				
TOTAL EXPENSES				

Authorization Signatures:

Employee/ Date _____

Principal/ Date _____

Superintendent/ Date _____

Reimbursement Signatures:

Employee/ Date _____

Superintendent/ Date _____

After travel, reimbursement claims must be in the exact amount as the ones shown on the receipts submitted as documentation. If a room is shared, each person should specify the amount due him/her. For registration fees, a copy of a cancelled check or a receipt listing your name is required.