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| **AUTHORIZATION FOR TRAVEL AND EXPENSES**  **FORM IN-90** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| **An Advance Expense Account Report for each person seeking authorization for travel and expenses must accompany this form. An Application for Leave of Absence (IN-34) must be submitted to the Principal or Division Head.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Must be submitted to Fiscal Control Office one month prior to the scheduled trip** | | | | | | | | | | | | | | | | | | | | | | | | |
| Submission Date | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Program, Project, Department | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Holding Meeting | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Meeting Location | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inclusive Dates | | |  | | | | Number of Days | | | | | | | |  | | | | | | | |  | | | | | |
|  | | |  | |  | | | | |  | | | | |  | | | | | | | | | | | | | |
| Attendees | | | | |  | Job Title/Position | | | | |  | | Account  (Fund-Func-Obj-Loc-Pro-Yr) | | | | | |  | Cost Estimate | | | | |  |
| 1 |  | | | |  |  | | | | |  | |  |  | | | | | | |  |  | | | | |  |
| 2 |  | | | |  |  | | | | |  | |  |  | | | | | | |  |  | | | | |  |
| 3 |  | | | |  |  | | | | |  | |  |  | | | | | | |  |  | | | | |  |
| 4 |  | | | |  |  | | | | |  | |  |  | | | | | | |  |  | | | | |  |
| 5 |  | | | |  |  | | | | |  | |  |  | | | | | | |  |  | | | | |  |
| Number of substitute teachers needed | | | | | | | |  | |  | | Charge to | | |  |  | |  | | | | | | | | |
|  | | | | | | | |  | |  | |  | | |  | Account | | | | | | | |
| Purpose of meeting and rationale for attendees (benefits to school district, include supporting letter of invitation – if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Submitted By | |  | | | | | | | Approved By | | | | | |  | | | | | | | | | | | | | |
|  | | Employee | | | | | |  |  | | | | | | Principal or Administrator | | | | | | | | | | | | | |
| Approved By | |  | | | | | | | Certified By | | | | | |  | | | | | | | | | | | | | |
|  | | Superintendent, if applicable | | | | | |  |  | | | | | | Fiscal Control Director | | | | | | | | | | | | | |