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| **AUTHORIZATION FOR TRAVEL AND EXPENSES****FORM IN-90** |
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| **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.** |
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|  | **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 |