

**The School District of Escambia County
Request for Travel Authorization**

Form T(2)
White Paper

Name: _____ Soc Sec # (last 4 digits only): XXX-XX- _____ Date: _____

Home Address: _____ Dept/School: _____

City/State/Zip: _____ Title: _____

SECTION 1 - Destination and Purpose of Trip:

From: _____ To: _____ and return.

Purpose: _____

To Depart: _____ at _____ am/pm and Return: _____ at _____ am/pm
(Date) (Time) (Date) (Time)

SECTION 2 - Method of travel (check only the applicable methods to be used):

Flying: Name of Airline: _____ Ticket Cost: \$ _____

Personal Vehicle: Estimated Mileage _____ at \$0.445 per mile = \$ _____

Name of passengers in vehicle: _____

Rental Vehicle: Cost \$ _____ Driver's Name: _____ Passenger's Names: _____

Other: _____ Estimated Cost: \$ _____

SECTION 3 - Estimated Subsistence (check one):

Per Diem: \$ _____

Meals plus lodging: Traveler will be staying at (hotel name, family, friend, etc.): _____

Meals \$ _____ Estimated Lodging \$ _____ Room shared with (list names): _____

SECTION 4 - Other Estimated Expenses:

1. Registration \$ _____ 2. Taxi/Shuttle \$ _____ 3. Parking \$ _____
4. Tolls \$ _____ 5. _____ \$ _____ 6. _____ \$ _____

SECTION 5 - Summary of estimated expensed to be incurred:

<u>Expenses:</u>				<u>Funding Sources:</u>			
Travel (section 2 total)	\$	_____	-	District Funds	\$	_____	
Subsistence (section 3 total)	\$	_____	-	School Internal Funds	\$	_____	
Other (section 4 total)	\$	_____	-	Other Sources	\$	_____	
Total	\$	_____	-	Total	\$	_____	-

Whoever shall receive an allowance or reimbursement by means of a false claim shall be civilly liable in the amount of the overpayment for the reimbursement of the public fund from which the claim was paid. Section 112.061(10), Florida Statutes.

I hereby request authorization to perform the travel herein described and attest that such travel is necessary in the service of official business for the School District of Escambia County. An Approved Temporary Duty Leave Form has been completed.

Signature: _____

Budget Coding							
Fund (4)	T	Function (4)	Obj ect (4)	Facility (4)	Project (5)	Subproject (5)	Program (5)

Supervisor's Approval:
Date: _____
Signature: _____

Finance Department Approval:
Date: _____
Signature: _____

Superintendent's Approval
Date: _____
Signature: _____