

STAFF PRIOR RELEASE REQUEST

Date(s) of Release

Request is hereby made for authorization to be released from regularly assigned duties.

Name _____

Destination _____

Purpose of Release _____

Means of Transportation _____

Estimated expenditures for which reimbursement will be requested:

Mileage (computed at ____ cents per mile) _____

Other Transportation (indicate type and cost) _____

Meals _____

Lodging _____

Miscellaneous (itemize) _____

TOTAL _____

Travel Expense Acct. No. _____

Signature of Applicant

Date

A substitute teacher is needed: Yes ___ No ___ Half day ___ (AM ___ PM ___) Full Day ___

Salary Account No. _____

SALARY AND FRINGE BENEFITS TO BE BILLED TO:

Name of Organization

Originator of Meeting

Street Address

City State Zip Code

Date

Signature of principal or supervisor

Date

Signature of authorized department administrator

Copy to Accounts Receivable _____

SUBMIT IN DUPLICATE

**SUBMIT IN TRIPLICATE IF BILLED TO OTHER ORGANIZATION