

Polson School District #2 Professional leave / Travel Authorization Form							Date: _____			
Event Name, Location and Date: _____										
Reason for Travel: _____										
Driver's Name: _____		LODGING		MEALS			Miscellaneous			
		# of Nights	Lodging Cost Request	# of Breakfasts	# of Lunches	# of Dinners	Total Meal Reimb.	Registration Fees: District Paid	Registration Fees: Employee Paid	Sub Costs (\$80.00/)
TRAVELER'S NAME (List All)			Pcard	\$6.00	\$7.50	\$14.50		____ YES, _____ PO#	____ Yes	____ Yes
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
							\$0.00			
Meals		0	\$0.00	0	0	0	\$0.00	0.00	\$0.00	\$0.00
MILEAGE:										
1. Points of Travel (list round trip, e.g., Mi		Polson-MSLA-Polson					Personal Vehicle			
2. Number of vehicles		1					District Vehicle			
3. Number of Miles Traveled,		0					District Vehicle			
4. State mileage rate (per mile)		\$0.580					Personal Vehicle			
5. Total Reimb. for Mileage at State Rate [\$0.00								
OTHER COSTS										
								Amount		
								\$0.00		
								\$0.00		
								\$0.00		
								\$0.00		
TOTAL Cost										
Lodging	\$0.00						Expenditure Budget Code			
Meals	\$0.00						Charge To:			
Mileage	\$0.00						Fund Description:			
Other	\$0.00									
Sub Costs	\$0.00									
TOTAL	\$0.00									
Principal / Director		Date		Superintendent		Date				

If any of this is confusing please feel free to give me call.

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 Assistant Business Manager
 Polson School District #23
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