PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

PRIOR APPROVAL FORM

For Conferences, Seminars, Workshops & Overnight Travel

PR #_____ PO #_____

Print | Clear Form

Prior approval must be obtained for travel related to conferences, seminars, workshops, student athletics and activities (including field trips), recruiting trips and out-of-district overnight meetings. For detailed information on district travel policies, please refer to Board Policy 6213 and Regulation 6213R.

Estimate all expenses related to the travel event and route to the appropriate personnel for approval. Print a copy for your records (or save this file to your computer).

To claim reimbursement after the travel event has occurred, please complete the **Travel Claim Form** located under the forms section of the accounting intranet website: **http://intranet.puyallup.k12.wa.us/edsupport/accounting/acct-forms.cfm**

If prepayment for any travel item is requested, attach a **Check Request Form** and other necessary documentation (e.g. completed registration form) to the Prior Approval Form prior to routing for approval signatures.

If a purchase order for any travel item is requested, attach necessary documentation to this form prior to routing for approval signatures.

Employee Name: _____ Conference: _____

Employee Number: E_____ Destination: _____

Work Location: _____ Departure Date: _____

Registration Vendor: _____ Return Date: _____

SUBSTITUTES:

Substitute Required? Yes ☐ No ☐ # of Days: _____ Dates: _____

Sub Requested: _____ Sub Spot #: _____ Job #: _____

Sub Office Use Only

TRAVEL INVOLVING STUDENTS:

Form 2320F1Complete? Yes ☐ N/A ☐

Form 2320F5 Complete? (if applicable) Yes ☐ N/A ☐

Bus Request Complete? (if applicable) Yes ☐ N/A ☐

ESTIMATED TRAVEL EXPENSES:

METHOD OF PAYMENT (Check One):

					PO	Proc Card	Ck Request	Reimb
5749	Registration Fees			$ _____	☐	☐	☐	☐
5849	Transportation (airfare, train, shuttle and/or parking fees)			$ _____	☐	☐	☐	☐
5849	Car Rental			$ _____	☐	☐	☐	☐
5849	Lodging			$ _____	☐	☐	☐	☐
5848	Mileage	# Miles _____	x .545 / per mile	$ 0.00	Reimbursement Only			
5847	Per Diem *	# Days _____	x $44 / day	$ 0.00	Reimbursement Only			
	TOTAL ESTIMATED TRAVEL EXPENSES			$ 0.00				

* For Prior Approval purposes, Per Diem Allowance (for meals & incidentals) is estimated at $44/day. Actual amount paid to employee will be calculated by the Accounting Department based on travel destination upon submission of the Travel Claim Form.

Employee Signature _____ Date

APPROVAL:

Supervisor _____ Date

Principal/Program Dir _____ Date

Budget Authority (if different from above) _____ Date

Chief Academic Officer _____ Date

Athletic Director (for athletic travel only) _____ Date

Superintendent _____ Date

Board _____ Date

ASB Officer (for ASB travel only) _____ Date

BUDGET CODE(S): **AMOUNT OR %:**

_____ _____

_____ _____

_____ _____

Route this form for Supervisor, Principal/Program Director, and Budget Authority approval for all travel events.

***Chief Academic Officer Approval is required** for in-state non-overnight travel involving students and ALL overnight, out-of-state and international travel.

***Athletic Director approval is required** for travel related to athletics.

***Superintendent approval is required** for in-state overnight travel involving students and ALL out-of-state/international travel.

***Board approval is required** for out-of-state travel involving students and ALL international travel.

***ASB Officer approval is required** for travel paid out of ASB funds.