

MIDDLESEX COUNTY MAGNET SCHOOLS

REQUEST FOR TRAVEL ALLOWANCE

(This form is to be submitted:
(1) at least two weeks prior to departure, and
(2) it must be attached to "Absence Request Form")

Name _____ Title _____

School _____ Date of Request _____

Event Dates _____

Reason for this request _____

(Note: A copy of and/or agenda must be included as back-up material explaining the purpose of this request.)

Place, city, & state to be visited: _____

Estimated charges to be made:

Mileage Calculation

Total Miles
A. Expected to Travel _____
B. Normal Commute _____
C. Total Eligible Miles _____
(A-B)

Hotel/Motel:	\$ _____
Transportation:	Vehicular _____
	Airplane _____
	Train _____
Registration fee:	_____
Meals:	_____
Miscellaneous:	_____
(attach explanation)	
Total	_____

Signature of individual making trip: _____

(Employees are expected to exercise the same care in incurring expenses that they would if traveling on personal business at their own expense.)

Recommend Approval ☐

Recommend Disapproval ☐

Approved ☐

Disapprove ☐

Date _____

Principal/Supervisor

Date _____

Superintendent