



NH School Administrative Unit 106 | Timberlane Regional School District

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TRSD Travel-Workshop Authorization Request Form

Submit to your Principal/Director 3 weeks in advance of travel/workshop. Superintendent's approval is needed for overnight lodging, travel out of New England or total cost over \$1,000.

It is requested that _____ Position/Assignment
Name _____

of the _____ be granted permission to participate in the following activity and incur the following expenses in conjunction with school business.

Date(s) of Activity: _____ Destination: _____

Purpose of Activity: _____

Check if this is use of your employee workshop benefit (rate on SharePoint)
(complete cost section below, but no account number is necessary)

Expense:	Requested	Funding:				Account Number
		School	District	Grant	Employee	
Registration \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Auto Mileage*\$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Airline Travel \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meals \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lodging \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tolls/Parking \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify) \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Total \$	_____	Amount Approved, if different \$				_____

*Miles _____ @ _____ cents per mile = \$ _____ mileage rate on Sharepoint (IRS rate)

Will a Substitute be required? _____ If yes, how many days? _____

Note: Any employee reimbursements will only be made with detailed itemized receipts (not credit card receipts) detailing expenses incurred. No alcohol can be on any receipt. Receipts with alcohol will be returned with no reimbursement.

Requestor: _____ Date: _____ Approved: _____ Date: _____
Principal/Director

Approved: _____ Date: _____ Approved: _____ Date: _____

Director of Special Education – forms for paras, Special Educators, Related Service Providers, etc.

Executive Director of Curriculum, Assessment, and Learning

Approved: _____ Date: _____

Superintendent



Request for Travel / Workshop Authorization

All travel and workshops must be approved in advance by Administration.

The approval process is determined by various factors such as length of time out of district, destination, cost incurred etc.

Please follow these instructions as a guide. The clearer and more complete the information the smoother the approval process.

All travel and workshops are required to be approved in advance.

Administrators attending one day in-state workshops do not need to complete this form.

Complete and submit the request form at least 3 weeks in advance of the workshop/travel to your Principal/Director.

The request must itemize all cost of the activity and indicate the source of funding.

Travel which includes overnight lodging, travel out of New England or a total cost over \$1,000 requires the Superintendent's approval.

Once a request is fully approved, a copy of the approved form will be returned to the Principal/Director. Once approved and prior to the activity, purchase requisitions must be submitted for any district cost or anticipated reimbursement and should include the request form attached electronically.

Purchase Orders will be generated by the Business Dept. for any workshop covered by a collective bargaining agreement and forwarded to the employee and Principal.

All expenses and reimbursement requests must be submitted promptly for payment after the expense is incurred.

Reimbursement for cost incurred by the employee is submitted by use of the Expense Reimbursement Request form with supporting detail receipts.

Reimbursement will be based on **DETAIL RECEIPTS** only (not credit card summary receipts). No reimbursements will be processed without the detail receipts. (ref. district policy DKC)

NO LIQUOR can show on any receipt, receipts with liquor will not be reimbursed at all.

