

CORNING UNION HIGH SCHOOL DISTRICT

Travel Purchase Order (TPO)

Request for Approval: Conference, Workshop or Meeting

Employee: _____ Location: _____

Title of Event: _____ Return Date: _____ Time: _____

Departure Date: _____ Time: _____ Required Participation: _____ YES / NO

Purpose: _____ Program/Grant to Charge: _____

****Itemized receipts must be submitted for every incurred expense****

EXPENSES						
CATEGORY	METHOD				EXPENSE	PAID
Meals	C H E C K	C A L C U L A T I O N	R E I M B U R S E	ADVANCE REQUEST YES / NO	(Per Diem Meal Rates per Board Policy)	
					Breakfast # \$ 12.00 Leaving before 6:00 am and return after 9:00 am	
					Lunch # \$ 18.00 Leaving before 11:00 am and return after 1:30 pm	
					Dinner # \$ 26.00 Leaving before 5:00 pm and return after 7:00 pm	
Transportation	N/A	N/A			Personal Vehicle Miles # Miles _____ @ 0.76 (Attach online map calculation)	
Lodging	N/A				Parking Fees	
	N/A				Commercial Transportation	
	N/A				Other: _____	
	N/A				Airline: _____ (Attach online itinerary estimate)	
					Hotel: _____	
					# _____ Nights x \$ _____ per night (Attach online itinerary estimate) Confirmation # _____	
Registration					Payable to: _____ Address: _____ (Attach conference/meeting information)	
Misc. Expenses					Other: _____	
Total Expenses					_____	_____

Business Office Use Only

Account Number: _____

Approved Budgeted Amount: _____

Employee Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Chief Business Official: _____ Date: _____

Superintendent's Approval: _____ Date: _____

Notes:

Employees who make their own reservations prior to approval are responsible for cost or expenses incurred.

PREPARE REQUEST 15 DAYS IN ADVANCE FROM DEPARTURE DATE

TURN IN ALL RECEIPTS AND COMPLETE ACTUAL TRAVEL COSTS COLUMN WITHIN 5 DAYS AFTER TRAVEL COMPLETED