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: CHECK	METHOD: CALCARD	METHOD: REIMBURSE	ADVANCE REQUEST YES / NO		EXPENSE	PAID
					(Per Diem Meal Rates per Board Policy)		
Meals					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 _____ @ 0.725 *(Attach online map calculation)*	_____	_____
	N/A	☐	☐		Parking Fees	_____	_____
	N/A	☐	☐		Commercial Transportation	_____	_____
	N/A	☐	☐		Other: _____	_____	_____
	N/A	☐	☐		Airline: _____ *(Attach online itinerary estimate)*	_____	_____
Lodging	☐	☐	☐	_____	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