

PRIORITY CHARTER SCHOOLS TRAVEL PER DIEM REQUEST

Employee _____

	Admin CCA CPCA GCA TCA
Campus	TCA

Mail Check to _____
Address _____

	Gen Ed. SpEd ESL GT CTE PK Other: _____
Department	

PURPOSE OF TRAVEL

Date(s) of Travel _____

Event Attending (Attach Event Schedule/Flier) _____

Destination _____

Per Diem (Attach GSA Per Diem Rates)

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	DAILY TOTAL
TOTAL					

Signature of Traveler

Date

Signature of Supervisor

Date

Signature of Approved Final Authorizer

Date