

## PRIORITY CHARTER SCHOOLS TRAVEL REIMBURSEMENT

Total Amount \$ \_\_\_\_\_

Date of Request \_\_\_\_\_

Employee \_\_\_\_\_

	Admin CCA
Campus	CPCA GCA TCA

Mail Check to  
Address \_\_\_\_\_  
\_\_\_\_\_

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

### PURPOSE OF TRAVEL

Date(s) of Travel \_\_\_\_\_

Event Attending (Attach Event Schedule/Flier) \_\_\_\_\_

Destination \_\_\_\_\_

### EXPENSES TO BE REIMBURSED

Mileage (Attach Mileage Reimbursement Form)	\$
Lodging (Attach Detailed Receipt)	\$
Meals (Attach Detailed Receipt)	\$
Registration Fee (Attach Detailed Receipt)	\$
Other (Attach Detailed Receipt with explanation)	\$
<b>TOTAL</b>	<b>\$</b>

*I Certify that the purpose of travel to which these expenses are requested is for official Priority Charter School business.*

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approved Final Authorizer

\_\_\_\_\_  
Date