

EMPLOYEE TRAVEL / EXPENSE CHECKOFF LIST

Submitted		Received
	Travel/Expense Authorization Request	
	Justification for Travel	
	Proof of Valid Car Insurance <input type="checkbox"/> Taking Public Transportation <input type="checkbox"/> Being driven by another employee Name of Employee: _____	
	Registration Form/Invitation	
	Itinerary/Program	
	Mapquest/Google Maps Printout of mileage	
	GSA.gov website printouts	
	Meals Breakdown Form	
	Proof of Confirmed Airfare / Train	
	Proof of Confirmed Hotel Accommodations	
	Additional documentation:	
	Additional documentation:	

Received by: _____ Date: _____

Returned for missing information (date): _____

Received with corrected information (date): _____

TRAVEL / EXPENSE AUTHORIZATION REQUEST

NAME:				EMPLOYEE ID #			
TITLE:				SUPPLIER ID #			
UNION AFFILIATION:	CASA	Local 32	NTA	NTU	Unaffiliated		
FUNDING SOURCE (pick one)							
District Funds		Split Funding:		No Cost to NPS		PIF only	
TRAVEL CODE							
TYPE (pick one):	Conference/Convention:		Retreat:		Training/Seminar		
Start Date is within:	1 st -7 th	8 th - 14 th	15 th - 21 st	22 nd - 28 th	29 th - 31 st		
DESTINATION INFORMATION:							
Event Name:							
Departure Date:				Return Date:			
Event Start Date:				Event End Date:			
Event City:					State:		
County:			Zip Code:				

						AMOUNT
Registration:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>	No Cost <input type="checkbox"/>		\$
Registration # 2 (if applicable)	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>	No Cost <input type="checkbox"/>		\$
Private Auto: 35 cents per mile	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Lodging:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Transportation: (Airfare/Train)Registration:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Meals:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Baggage Fees:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Taxi/Shuttle:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Parking:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
Tolls	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>			\$
TOTAL:						\$

Employee Signature:	Date:
Approved: Principal/Supervisor	Date:
Signature	

Justification of Need

NAME: _____

1. Relationship of attendance at this event to the critical instructional and operational needs of the district, including the link to the NJ Professional Standards for School Leaders or Teachers and/or the NJCCCS, as well as, to the participants Individual Professional Development Plan (IPDP).
2. Explanation as to how the person or persons attending will share what was learned with others in the school district.
3. Documentation that the knowledge and information to be gained at this conference cannot be obtained through more cost effective means.
4. Explanation as to how the request is consistent with best practices in professional development.

EXPENSE STATEMENT

THIS STATEMENT MUST BE COMPLETED WITHIN TEN DAYS AFTER EACH TRIP

A.

PRINT NAME	EMPLOYEE ID #	TELEPHONE #
DESTINATION: (city, state)	DATES OF TRAVEL:	
TITLE OF EVENT:		

B. DO NOT INCLUDE ITEMS CHARGED TO THE NEWARK PUBLIC SCHOOLS

	MEALS	AIR / TRAIN	PRIVATE AUTO (mileage)	HOTEL	REGISTRATION	PARKING FEES	TAXI / SHUTTLE	
DATES	ATTACH ORIGINAL ITEMIZED RECEIPTS							
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

C. SUMMARY

(Brief report that includes the primary purpose for the travel, the key issues addressed at the event and their relevance to improving instruction or the operations of the school district).

D. DECLARATION

I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE NPS BUSINESS EXPENSES ONLY AND INCLUDE NO ITEMS OF A PERSONAL NATURE.

Employee Signature

Date:

Principal / Administrator

Date:

NOTE: MAKE A CLEAR COPY OF ALL RECEIPTS FOR YOUR FILES