

# EDNA ISD

## Pre-Authorization for Professional Development and Related Travel Expenses

NAME: _____	DATE: _____
CAMPUS/DEPT: _____	
NAME OF PD (attach itinerary): _____	
LOCATION: _____	DATE(S): _____
ATTENDEES: _____	
PURPOSE/DIP/CIP: _____	
_____	

### ESTIMATION OF EXPENSES

*\*Please note, once this form has been approved, you will need to complete the process for registration, reservations, and appropriate Purchase Orders through your campus office.*

**\*Registration Fee**

\_\_\_\_\_

**\*Hotel per night** (Maximum = State of Texas Travel Chart or \$85.00)

\_\_\_\_\_

**\*Meals** (\$36 per day)

\_\_\_\_\_

**\*Mileage Reimbursement** (.56 cents per mile)

\_\_\_\_\_

**\*Other Expenses** (please specify)

\_\_\_\_\_

\_\_\_\_\_

### TOTAL ESTIMATED EXPENSE

\_\_\_\_\_

Account Code: \_\_\_\_\_

*\*Please note this is only an approximation of anticipated expenses. Following approval, you will be reimbursed by submitting the blue Travel Reimbursement form with acceptable receipts attached. For more information, refer to the Business Procedures Manual.*

\_\_\_\_\_  
Campus Supervisor

\_\_\_\_\_  
Director of Curriculum & Instructional Technology

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Superintendent