



DICKSON COUNTY SCHOOLS
Travel Authorization Form

Name of Employee(s): _____

Department: _____

Travel Date(s): _____

Destination: _____

Purpose of Travel: _____

	Type	Amount	Budget Code to be Used
Estimated Costs:	Airfare	\$ _____	_____
	Other Transportation/Auto	\$ _____	_____
	Lodging	\$ _____	_____
	Meals & Incidentals (per diem)	\$ _____	_____
	Other	\$ _____	_____

Comments (Explanation is required for exceptions to the Travel Policy or Travel Reimbursement Rate Schedule):

Submitted & Approved by:

Superordinate

Date

Director of Schools

Date

To be completed by the Finance Office

Budget Approval on _____