

**Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

**REQUEST/ACCOUNTING FOR
OVERNIGHT TRAVEL FUNDS**

INSTRUCTIONS: This form is required for authorization and accounting for funds for overnight travel. Permission for annual leave and 5 or fewer professional leave days is authorized here in lieu of completing MCPS Form 430-1A: *Leave Request*.

Authorization of Travel/Funds — Forward three copies, at least 30 days prior to travel, through your principal/director and associate superintendent/primary account manager to the Division of Controller. A copy will be returned with an advance check if requested and approved. No advance will be made if estimate of expenses totals less than \$100.

Accounting for Travel Expenses — Use the returned copy to account for travel expenses **within 10 days after completion of trip**. Forward, **with original receipts**, as appropriate, through your primary account manager to the Division of Controller.

Reference: Regulation DIE-RB: *Out-of-State Travel on Official Business*.

PART I: REQUEST INFORMATION – To be completed by employee/traveler

Name _____ Social Security Number _____ - _____ - _____

Job Title _____
(If teacher, indicate subject/grade and coverage required.)

Dates of Leave ____/____/____ thru ____/____/____ Days of Official Business ____/____/____ thru ____/____/____

Number of Days Requested _____ Professional Annual

Place of Travel _____

Purpose of Travel _____

Estimated Travel Expenses \$ _____ Advance Requested \$ _____ Lodging (per day excluding taxes) \$ _____
(Attach justification if more than \$80.)

Mode of Travel: Common Carrier Privately Owned Vehicle
 For benefit of MCPS – Attach justification if destination is more than 150 miles.
 For benefit of employee – Reimbursement limited to cost of air fare; lodging and subsistence limited to that incurred if travel were by scheduled airliner.

_____/____/____
Signature, Employee/Traveler School/Department Date

PART II: REVIEW AND AUTHORIZATION – To be completed by Principal/Director

Substitute Day(s) Needed _____ Account #: (Travel) _____ Project #: _____

Maximum Funds Allowable \$ _____ Account #: (Registration) _____ Project #: _____

_____/____/____ _____/____/____
Signature, Principal/Director Date Associate Superintendent/Designee Date

PART III: ACCOUNTING FOR TRAVEL EXPENSES – To be completed by employee/traveler

Please complete "Estimated" column with initial request; "Actual" column within 10 days after completion of trip. Write "prepaid" by any item that was separately paid directly by MCPS check.

| Expenses | Estimated | Actual |
|--|--------------------------|--------------|
| Lodging (Attach original receipts) | \$ _____ | \$ _____ |
| Subsistence: _____ days @ \$25 per day | \$ _____ | \$ _____ |
| Common Carrier (Attach original receipts) | \$ _____ | \$ _____ |
| Ground Travel (e.g., taxi, airport limousine) | \$ _____ | \$ _____ |
| Privately Owned Vehicle: _____ miles @ \$ _____ per mile | \$ _____ | \$ _____ |
| Registration (Attach receipted bill.) | \$ _____ | \$ _____ |
| Other (Attach explanation and receipted bill(s)) | \$ _____ | \$ _____ |
| Total Reimbursable Expenses | \$ _____ | \$ _____ |
| | Less Advance | \$ _____ |
| | Due MCPS (Attach check.) | \$ (_____) |
| | Due Employee | \$ _____ |

I certify the above expense statement to be accurate and complete **APPROVED**

_____/____/____ _____/____/____
Signature, Employee/Traveler (after travel) Date Signature, Associate Superintendent/Designee Date