

**KNOX COUNTY SCHOOLS**  
**TRAVEL AUTHORIZATION REQUEST**

Traveler's Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / St / Zip \_\_\_\_\_

Exceptions Approval		
	Date	Initials
Rental Car Authorized	____/____/____	_____
Higher Lodging Authorized	____/____/____	_____
Exception Approved	____/____/____	_____
Type of Exp.	_____	

**I am authorizing an expense not normally allowed by policy.** Executive level signature \_\_\_\_\_

**I am aware I am being reimbursed less than total cost of trip / allowed amount.** Travelers Initials \_\_\_\_\_

Department / School \_\_\_\_\_ Time / Date Out \_\_\_\_\_  
 Conference Name \_\_\_\_\_ Time / Date Return \_\_\_\_\_  
 Destination \_\_\_\_\_

Number of personal / vacation / comp days being taken in conjunction with this trip: \_\_\_\_\_

Professional Growth Goal and Related Activities related to travel:

Explain the linkage to your immediate area of supervision/job assignment:

Describe the connection of this request to student achievement and/or department/school goals and include the anticipated impact (attach summary sheet if necessary):

With what audience/group will you share this information?

**Estimate Expenditures and Funding Sources (indicate account number):**

	Amount	Account Number
Registration	\$	
Airline / Bus / Train / Mileage	\$	
Lodging	\$	
Meals	\$	
Rental Car (requires written preauthorization by Superintendent)	\$	
Other	\$	

**ALL TRAVEL REQUESTS MUST BE APPROVED PRIOR TO MAKING ANY ARRANGEMENTS.**

**Authorized by:**

Supervisor (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Asst. Superintendent/COO (print) \_\_\_\_\_ (signature) \_\_\_\_\_

*No county vehicles should be used for out-of-state travel without prior approval of the Superintendent and the Knox County Mayor.*