

**ESTIMATED COST INFORMATION – ONE DAY TRIP(S)**

(1) Name	(2) *Trans	(3) Tolls/Park.	(4) Reg. Fee	(5) Account(s) to be Charged	(6) Total	(7) **Sub	(8) ***GTBN
1.							
2.							
3.							
4.							

Total \_\_\_\_\_

\*Cost re: use of personal auto, bus, taxi, or train. *Note: use of auto or taxi shall be calculated at \$0.31 per mile.* \*\*Cost of Substitute Teacher.  
 \*\*\*Grand Total By NAME.

Approval by Assistant Superintendent of Schools: \_\_\_\_\_  
Signature Date

**For Business Office Use Only**

Final Approval of Work-Related Travel Request: \_\_\_\_\_  
Superintendent of Schools Date

Are sufficient funds in the budget to cover the projected cost? ( ) Yes ( ) No

Signature: \_\_\_\_\_  
Business Administrator/Board Secretary Date

Approved/Disapproved by Englewood Board of Education: \_\_\_\_\_ ( ) Yes ( ) NO  
EBOE Meeting Date