

**ESTIMATED COST INFORMATION – OVERNIGHT/OUT OF STATE TRIP(S)**

(1) Name	(2) *Per Diem	(3) **Trans	(4) Tolls/Park	(5) Reg. Fee	(6) Account(s) to be Charged	(7) Total	(8) ***Sub	(9) ****GTBN
1.								
2.								
3.								
4.								
5.								

Total \_\_\_\_\_

\*Cost of accommodations, meals and incidentals. These charges must comply with the GSA per diem rates associated with the city/town in the state to which you will be traveling. To access the GSA rates, go to [www.gsa.gov](http://www.gsa.gov). \*\*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 Building Principal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval by Assistant Superintendent of Schools:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Final Approval by Superintendent of Schools:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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: \_\_\_\_\_

Date

Yes ( )

No ( )

