



Cooperative Educational Service Agency 8

PRIOR APPROVAL

This form and a copy of the conference/workshop/meeting flyer is to be submitted to the CESA 8 Administration **14 days prior** for approval. A copy will be returned with the administrative approval or disapproval. You will then attach an approved copy to your monthly expense sheet documenting expenses.

Requesting Prior Approval for Workshop/Conference/Meeting

Name of person requesting: _____

Name of event: _____

Date(s) of event (include travel dates): _____

Place of event: _____

TRANSPORTATION COSTS (most economical):

- | | | |
|--|------------------|---|
| 1. Round trip auto mileage | Personal car | CESA 8 Car – Must request CESA 8 car in advance |
| | #of miles: _____ | @ \$0.555 per mile = _____ |
| 2. Actual costs by other means (bus, train, plane) | | 2 _____ |
| 3. Actual costs of rental car, taxi, or city bus | | 3 _____ |

*COST OF MEALS:

4. Cost of meals not to exceed:

| | |
|-------------------|---------|
| Breakfast | \$8.00 |
| Lunch | \$12.00 |
| Dinner | \$26.00 |
| Total for the day | \$46.00 |

_____ # of Breakfast(s): _____
 _____ # of Lunch(s) _____ (Includes tax plus 15% tip)
 _____ # of Dinner(s) _____
 Total Meal Costs: 4 _____

*COST OF LODGING:

5. Cost of night's lodging based on GSA rates: *Include applicable taxes*
See CESA 8 web page for Reimbursement Allowances

_____ # of Night's Lodging @ _____
Total Lodging Costs: 5. _____

OTHER CHARGEABLE EXPENSES:

Registration Fee, Other (Please Specify Below) 6. _____

Specify: _____ Grand Total: _____

**Metro expenses may exceed guidelines with prior approval.*
NOTE: ALL REIMBURSABLE EXPENSES MUST HAVE A RECEIPT.

Applicant Signature: _____

Authorized Rejected Amount Approved: _____

Approved By Building Supervisor/Director of Project/Program: _____

Date: _____ Funding Code: _____ Checked By: _____

CESA 8 Administrator Signature: _____

Robert Kellogg