

**COMMISSION SCOLAIRE EASTERN SHORES
EASTERN SHORES SCHOOL BOARD
TEACHER PIC TRAVEL FORM**

AUTHORIZATION SECTION

NAME:	_____	DATE(S) OF WORKSHOP:	_____
ADDRESS:	_____	SUBSTITUTION REQUIRED:	_____
SCHOOL / CENTER:	_____	NAME OF WORKSHOP:	_____
PLAN A (PRIVATE TRANSPORTATION):	<input type="checkbox"/>	REASON FOR WORKSHOP:	_____
PLAN B (PUBLIC TRANSPORTATION):	<input type="checkbox"/>	AUTHORIZATION TO TRAVEL:	_____
		ADMINISTRATOR:	_____
		BOARD REP.	_____
		E.S.T.A. PRESIDENT	_____

REQUEST FOR REFUND SECTION

PLAN A:	<u>TRAVEL</u>			
	DATE	FROM	TO	AMOUNT (MAX \$400.00)
	<u>PER DAY OF CONFERENCE TO COVER EXPENSES</u>			
	# OF CONFERENCE DAYS	X	\$200.00 PER DAY	
<u>CONFERENCE REGISTRATION (MAX \$400.00) - RECEIPTS REQUIRED</u>				
			TOTAL PLAN A:	
PLAN B:	<u>TRAVEL</u>			
	METHOD OF TRANSPORTATION	FROM	TO	AMOUNT *(MAX \$900.00)
	* FERMONT AND THE MAGDALEN ISLANDS MAX: \$1100.00			
	<u>PER DAY OF CONFERENCE TO COVER EXPENSES</u>			
	# OF CONFERENCE DAYS	X	\$200.00 PER DAY	
	<u>CONFERENCE REGISTRATION (MAX \$400.00) - RECEIPTS REQUIRED</u>			
				TOTAL PLAN B:
	INVOICE #:			
	CODE:		101-1-26205-336	
AMOUNT:				
ADVANCE:				
TOTAL PAYMENT:				

NOTE: PLEASE INDICATE "PLAN A" OR "PLAN B"

NOTE: THE MAXIMUM AMOUNT GRANTED FOR ANY GIVEN YEAR IS \$1500 (\$1700 FERMONT AND THE MAGDALEN ISLANDS) PER TEACHER

NOTE: PLEASE INCLUDE A COPY OF THE WORKSHOP AGENDA BOTH WHEN REQUESTING AUTHORIZATION AND PAYMENT

SIGNATURE

DATE

