

## Preapproval for Professional Leave and/or Travel

See POLICY 412 prior  
to submitting request.

Submit all copies to the appropriate supervisor **FIVE** working days prior to in district leave and **TEN** working days prior to travel out of district or out of state.

Application Date \_\_\_\_\_ Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Position \_\_\_\_\_

Building \_\_\_\_\_ Attending (*conference, meeting, etc.*) \_\_\_\_\_

Location and address of conference: \_\_\_\_\_

Specific dates of leave/travel \_\_\_\_\_ to \_\_\_\_\_ Number of days away from work \_\_\_\_\_

Reason for attendance \_\_\_\_\_ Requested by \_\_\_\_\_

### COMPLETE ONLY WHEN OUTSIDE AGENCY IS TO BE BILLED FOR A SUBSTITUTE

INVOICE TO: Name/Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

### ESTIMATED COST OF TRAVEL

KEY BUDGET CODE ➡ \_\_\_\_\_

Will this travel be paid with Federal funds? ☐ Yes ☐ No

#### Airfare

**IN AND OUT  
OF STATE**

366 / 368

Must complete Form 412-A prior to travel arrangements and submit to Business Office.

\$ \_\_\_\_\_

#### Transportation

366 / 368

☐ Personal Car ☐ Rental Car ☐ Taxi ☐ Shuttle

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_¢ (*current rate*)

\$ \_\_\_\_\_

#### Conference Fee or Tuition

366 / 368

Attach copy of conference brochure or information.

\$ \_\_\_\_\_

#### Lodging and Meals

366 / 368

Lodging: \_\_\_\_\_ nights @ \$ \_\_\_\_\_ /night (*include tax*)

Meals: \_\_\_\_\_ per day @ \$ \_\_\_\_\_ /day

**Meal Per diem  
Max \$47/day:**

*Receipts REQUIRED for meal per diem -- claimant  
will not automatically be given per diem rate without  
original receipts.*

Breakfast - \$10 Lunch - \$14 Dinner - \$23

\$ \_\_\_\_\_

\$ \_\_\_\_\_

#### Other Expenses (i.e. parking, baggage fees, etc.)

Specify: \_\_\_\_\_

\$ \_\_\_\_\_

#### Sub Expenses (Certified / Non-Certified)

145 / 146

Substitute Required? ☐ Yes ☐ No

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Dept/Program responsible for sub cost: \_\_\_\_\_

\$ \_\_\_\_\_

SFE JOB NO. \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

### APPROVAL

Principal / Supervisor

Date

Program Manager / Director (if needed)

Date

**ACTUAL REIMBURSEMENT REQUEST MUST BE MADE WITHIN 60 DAYS OF FIRST DAY OF TRAVEL ON FORM 412-R.  
DISTRIBUTE AS FOLLOWS ONCE APPROVAL SIGNATURES ARE OBTAINED.**