

Request for Travel Authorization

Staff Training/Seminar/Regular District Business

Name: _____ Date of Submission: _____

Please provide the following information about the travel authorization you are requesting:

1.

- Name of Activity: _____
- Date(s) of the Activity: _____
- Location of the Activity: _____
- Sponsoring Organization: _____
- General Nature of the Activity (circle one): *Staff Training/Seminar* *Regular District Business*

Explain: _____

2. Coverage needed for the following times (Please attach an absence request):

(Circle one) None Full Day Half-Day - Morning Half-Day - Afternoon Other

2a. Will you call for a sub? _____ Yes _____ No

3. Costs: Registration cost: \$ _____ ☐ Please register me ☐ I will register myself

Transportation: Mileage (round-trip*) _____ x .31 = _____ Tolls: _____

*Please calculate round-trip mileage from the shortest distance (home or school) and attach a copy of driving directions from Google or MapQuest.

4. Signature: _____

Below for office use only

Approval for Board of Education Recommendation: _____
Superintendent Date

Expenses: Registration \$ _____ Transportation \$ _____ Tolls \$ _____

Total Costs: \$ _____ Budget Account To Be Charged: _____

Employee's Absence Request

Hamburg Public School

Employee Name: _____ Date: _____

Date(s) & Day(s) of Absence(s): _____

Type of Absence:

- _____ Illness
- _____ Illness in Family
- _____ Death in Family _____ Immediate _____ Non-Immediate (If applicable)
- _____ *Personal (school, legal, household or family matters requiring school absence)
- _____ Professional Business
- _____ Other - Specify: _____

Is a Substitute* Needed?

☐ YES

☐ NO

Subs need to be secured through www.aesop.com

**Application for personal absence shall be made to the Principal three (3) days prior to the day requested.
Personal days do not apply preceding or following a vacation.*

Signature of Employee: _____

Signature of Superintendent: _____

Superintendent's Comment: _____

Note: Please submit the entire form for approval. Upon approval employee will receive a copy for his/her records.

Original - Business Office

Pink - Superintendent

Yellow - Employee

Rev. 1/11/13

VOUCHER

**BOROUGH OF HAMBURG
BOARD OF EDUCATION**
30 Linwood Ave Hamburg, NJ 07419
973.827.7570 (phone) 973.827.3624 (fax)

TO _____

Itemize fully and sign voucher before presenting for payment. Meetings are held on the second Wednesday of each month for payment of bills. Bills must be submitted 10 days prior to the Board Meeting to the Secretary of the Board.

ORDERED BY:

NOTE: All bills must be properly certified before payment.

Quantity	Unit	Description of Goods or Services	Price	Amount
		Mileage for Workshop/Conference/Regular District Business # of total miles _____ (Please be sure to calculate round-trip mileage from the SHORTEST DISTANCE (home OR school) and attach driving directions from Google or MapQuest) Name of Workshop: _____ Date of Workshop: _____ TOTAL	x .31 =	_____* *Total reimbursement

Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that the within services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim: that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.

Signature _____

Date _____ Position _____

LINE ACCT.	P/F	AMOUNT

Approved by _____

Rev 12/10/08

DELIVERY TICKETS RECEIVED AND CHECKED

DATE _____

SIGNATURE _____

(Space Below to be Filled Out by School Officials)

OFFICER'S CERTIFICATION

Having knowledge of the facts in the course of regular procedure, I certify that the materials or supplies have been received or the services rendered: said certification is based on delivery slips acknowledged by a school official or employee or other reasonable procedures.

Signature _____

Title _____

PAYMENT AUTHORIZED

Above claim was ordered paid at a meeting held

Date _____ Secretary _____

PAYMENT RECORD

Date _____ Check No. _____

STAFF MEMBERS: TO ORDER ITEMS, PLEASE COMPLETE PART I AND II.
BE SURE TO COMPLETE UNIT, TOTAL COST, AND FINAL TOTAL
AND SUBMIT THIS FORM TO THE MAIN OFFICE

VENDOR NAME: _____
ADDRESS: _____

PHONE # _____
FAX #: _____
DATE: _____
REQUESTED BY: _____
GRADE LEVEL: _____ SCHOOL YEAR _____

CATALOG PAGE #	CATALOG CODE	QTY	DESCRIPTION	UNIT COST	TOTAL COST
FINAL TOTAL COST:					

SUPERINTENDENT'S APPROVAL: _____

BUSINESS ADMINISTRATOR: _____

ACCOUNT CHARGED: _____

COMMENTS: _____