

TRAVEL AUTHORIZATION REQUEST - SEH-194

This form must be completed prior to Out of Town Travel. Out of Town Travel includes any travel that is (a) over 150 miles (one way) or (b) includes an overnight stay, or (c) is outside the states of Pennsylvania, New Jersey or Delaware. The completed form should be returned to Accounts Payable, Administration Building, 440 North Broad Street, Suite 324. A travel advance (if requested) will be granted within two (2) weeks of receipt of this form. The advance will be included in your payroll check and will be listed on the stub portion on the line entitled "REIMB." Actual expenses, less any amount advanced, will be reimbursed in accordance with the Policy 331 and the Administrative Procedures dated December 13, 2018 upon completion of Form SEH-195. See detailed information at <https://www.philasd.org/accounts payable/policies-procedures/travel/>

ABC CODES

FUND	AGENCY	ORG.	SUB-ORG.	ACTIVITY	FUNCTION	OBJ.	SUB-OBJ.	JOB/PROJ.	RPT. CAT.

Name: _____

Employee ID Number: _____

School/Office: _____

Telephone: _____

Headquarters: _____

Organization Number: _____

Network: _____

E-Mail Address: _____

Fax: _____

Destination: _____

Inclusive Date of Trip: _____

Purpose: _____

Estimated Expenses:

1. Transportation

Automobile

_____ Miles @ _____ per mile _____

Commuting Miles _____

Airfare/Train _____

Other Ground (Specify) _____

2. Lodging

_____ Nights @ _____ _____

3. Meals

Breakfast _____ Lunch _____ Dinner _____

4. Registration Fees

5. Other Expenses (Specify):

Total Estimated Costs

Less: Airfare/Train

Less: Registration Fees paid by the District

Amount Available for 80% Advance

Total Advance Amount

I understand that I must provide an accounting of all advances within two (2) weeks of my return. I also understand that failure to complete form SEH-195 within the prescribed time period could result in the full amount being deducted from my pay. Signatories affirm that the most reasonable and economical form of travel is being used.

Employee Signature _____ Print Name _____ Date _____

Director/Principal _____ Print Name _____ Date _____

Cabinet Member _____ Print Name _____ Date _____

- DO NOT WRITE BELOW THIS LINE -

_____ APPROVED _____ DATE _____ P _____ R _____