

# 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: \_\_\_\_\_

**Note:** Employees are required to choose virtual attendance or local on-site conferences/training rather than out-of-town when available.

Is this conference/training available virtually? Yes No  
 Is this conference/training available locally? Yes No

Purpose: \_\_\_\_\_

Estimated Expenses:

<p><b>1. Transportation</b></p> <p><b>Automobile</b>                  _____ Miles @ _____ per mile _____</p> <p><b>Commuting Miles</b>                  _____</p> <p><b>Airfare/Train</b>                  _____</p> <p><b>Other Ground (Specify)</b>                  _____                  _____</p> <p><b>2. Lodging</b>                  _____ Nights @ _____</p>	<p><b>3. Meals</b>                  Breakfast _____ Lunch _____ Dinner _____</p> <p><b>4 Registration Fees:</b> _____</p> <p><b>5 Other Expenses (Specify):</b>                  _____                  _____</p> <p><b>Total Estimated Costs</b> _____</p> <p><b>Less: Airfare/Train</b> _____</p> <p><b>Less: Registration Fees paid by the District</b> _____</p> <p><b>Amount Available for 80% Advance</b> _____</p> <p><b>Total Advance Amount</b> _____</p>
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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 \_\_\_\_\_