

TDY & LOCAL TRAVEL REQUEST/JUSTIFICATION/COMPUTATION

NAME: SSN: DATE

SCHOOL POSITION

JUSTIFICATION:

(1) Purpose of Travel
(Attach Typed Justification
and Program/Agenda):

TRAVEL REQUESTED (select one): LOCAL TDY

(1) Destination City State

(2) Number of Days of Conference/Workshop:

(3) Number of Days in Travel Status:

(4) Total Number of Days Away from Duty:

# OF DAYS	DAYS	Su	Mo	Tu	We	Th	Fr	Sa	DATES

(5) Leaving From: (City)

(6) Departure Date: Time: Return Date: Time

Means of Travel (select one) POV GOV'T VEHICLE PASSENGER AIR RENTAL VEHICLE

ADDITIONAL REQUEST:

Taxi Yes No

Rental Car Yes No

Round & About Miles
 Yes No

Registration Fee Date Due

Requester signature Date

Supervisor's Use:

Budget Source

Trip Report Required Yes No

Travel Critically (select one) ESSENTIAL NON-ESSENTIAL DESIRABLE

Additional Comments

APPROVALS

APPROVE

PRINCIPAL / MANAGER SIGNATURE DATE

DISAPPROVE

RECEIVED IN TDY OFFICE

COMPUTATION SHEET FOR TDY

****COST COMPUTATIONS COMPLETED BY ADMINISTRATIVE PERSONNEL****

PER DIEM DAILY RATE \$ Meals \$ Lodging \$

MILEAGE ONE WAY: Total Miles X .405 per Mile = \$

Amount of Per Diem Authorized \$ Air cost \$

Amount of Travel Authorized: \$

a. Round & About Miles \$

b. Air Cost \$

c. Rental Car \$

Amount of Other Authorized: (Registration) \$

TOTAL AMOUNT AUTHORIZED: \$

COMPUTATION PREPARED BY Signature Date

FSSS BUDGET DDESS BUDGET DoDEA BUDGET

****BUDGET OFFICER****

AFFIRMATION OF AVAILABILITY OF FUNDS Signature Date