



Make sure the "Highlight Existing Fields" button is selected.
Note: The fields with red border are required.

OAK RIDGE SCHOOLS TRAVEL AUTHORIZATION REQUEST

Traveler _____ Email _____

Location _____ Phone Number _____

Total number of Professional Leave days entered in Skyward

TRAVELER Departure Date _____ Time _____ TRAVELER Return Date _____ Time _____	EVENT Start Date _____ Time _____ EVENT End Date _____ Time _____
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Destination: City _____ State _____ Zip Code _____

Conference/Meeting Name _____

Purpose/Benefit to District _____

Type of Trip: _____ Other Specified _____

ESTIMATED EXPENSES

Estimated Expense	Payment Method	Estimated Cost	Estimated Expense	Payment Method	Estimated Cost
Airfare <small>(Include ticket fee)</small>		_____	Lodging	# of Nights _____ Rate/night (inc. taxes) _____	_____
Roundtrip Mileage <small>(personal Vehicle)</small>	Miles _____ x \$.56	_____	Sharing?		_____
Rental Vehicle		_____	Meals	Number of Days _____ First/Last _____ Full _____	GSA Per Diem Rates _____
Other Transportation <small>(i.e. taxi, shuttle, metro)</small>		_____	<i>For estimation purposes only. Meals provided by hotel or event should be deducted on your reimbursement form.</i>		_____
			Registration Fee		_____
			Other Expenses <small>(i.e. Gas for rental/district vehicle, Parking, Baggage Fees)</small>		_____
			TOTAL ESTIMATED COST		

Account(s) to be expensed	% or \$

APPROVALS

Signatures	Remarks / additional information.
Traveler's Signature _____ Date _____	
Building/Department Signature _____ Date _____	
Final Approval Signature _____ Date _____	

Note: Please click in signature box to create/insert digital signature. Save as pdf and forward to your admin assistant/bookkeeper/grant coordinator.



OAK RIDGE SCHOOLS TRAVEL AUTHORIZATION REQUEST

TRAVEL SPECIFIC INFORMATION
Flights

Preferred Departure Date _____ Preferred DepartureTime _____ Preferred Return Date _____ Preferred ReturnTime _____

Note: Attach pdf of requested flights

Flying from TYS Flying to Airport _____

Name as it appears on your drivers license. _____

Rental Vehicle

Pick up Information	Return Information	Pickup/Return Location
Date _____ Time _____	Date _____ Time _____	_____

Lodging

Check In Date _____ Check Out Date _____ Conference Hotel _____

Requested hotel _____

Street _____ City _____ State _____ Zip Code _____

Hotel Website _____

Conference Website _____

First Time at Conference Yes No

Registration Type _____ Attendee Cell Phone _____

Answer below	Additional remarks / Additional Hotel Choices
Attendee Member or TN Educator License # (if applicable) _____	
How name should appear on badge? _____	
Your position at ORS _____	
If teacher, grade you teach _____	
If teacher, subject you teach _____	

Meals and Incidentals breakdown

For per diem rates for your specific destination go to the GSA per diem website <https://www.gsa.gov/perdiem>

M&IE Full Day						
M&IE Daily	\$55.00	\$56.00	\$61.00	\$66.00	\$71.00	\$76.00
Breakfast	\$13.00	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
Lunch	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
Dinner	\$23.00	\$23.00	\$26.00	\$28.00	\$31.00	\$34.00
Incidentals	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

M&IE First and Last Day						
First/Last Day Total	\$41.25	\$42.00	\$45.75	\$49.50	\$53.25	\$57.00
Breakfast	\$9.75	\$9.75	\$10.50	\$12.00	\$12.75	\$13.50
Lunch	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
Dinner	\$17.25	\$17.25	\$19.50	\$21.00	\$23.25	\$25.50
Incidentals	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75

Note: Lunch per diem for 1 day event is now \$14.00