

**BERRIEN REGIONAL EDUCATION SERVICE AGENCY
OVERNIGHT TRAVEL/PRE-APPROVAL**

EMPLOYEE NAME: _____

CONFERENCE/MEETING NAME OR PURPOSE: _____

DATES OF ABSENCE: _____

CONFERENCE/MEETING INFORMATION:

CITY & STATE: _____

FACILITY: _____

PHONE: _____

Registration	
Lodging	
Meals	
Travel*/Mileage	
Total Estimated Expenditures:	

*[Air if applicable, lodging & meals as per District Policy only]

Initial by supervisor

[If applicable]

Superintendent's Signature

[Indicates pre-approval]

Date

NOTE: This form must be signed by the Superintendent or his/her designate prior to travel in order for expenses to be reimbursed by the District.

Form will be returned to employee following authorization.

If requesting an advance, attach a copy of this authorization to "Request for Prepaid Check" form RESA-15.

C: Superintendent
Business Office