

**WORCESTER PUBLIC SCHOOLS
Out of State – Travel Authorization**

Date: _____

Name: _____

Destination: _____

Purpose: _____

Departure Date: _____

Date: _____

The below listed funds are requested:

Registration	_____
Fare	_____
Hotel	_____
Meals	_____

If using own vehicle:

Mileage x 0.535	_____
Tolls	_____
Parking	_____

Extraordinary expenditures (i.e. rental car) please specify:

Traveler

Department Head

Maureen Binienda, Superintendent
Worcester Public Schools

Complete for Grants funded travel
_____ Funding Source
_____ Grant Authorization

COPY OF FLYER/BROCHURE ON SEMINAR/CONFERENCE MUST ACCOMPANY THIS FORM