

PINELLAS COUNTY SCHOOLS
AIRLINE PAYMENT AUTHORIZATION

1. ONE COPY (ORIGINAL OR FAX) OF THIS FORM MUST BE SUBMITTED TO ACCOUNTING. IF FAX IS SUBMITTED, DO **NOT** FOLLOW WITH ORIGINALS.
2. TYPE OR PRINT CLEARLY IN INK.
3. ONLY SCHOOL BOARD APPROVED TRAVEL AGENCIES MAY BE USED.
4. COMPLETE ENTIRE FORM PRIOR TO SUBMITTAL, INCLUDING REQUIRED SIGNATURES (TRAVELER, IMMEDIATE SUPERVISOR, AND EXPENSE AUTHORIZER).

COMMON CARRIER PURCHASE		TP REQUISITION NO. _____ <small>(Finance Use Only)</small>	
PINELLAS COUNTY SCHOOLS			
Traveler Name	School/Department	Signature	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
TRAVEL AGENCY Name & Address		DESTINATION DEPARTURE DATE RETURN DATE PURPOSE OF TRAVEL (MANDATORY)	
_____ _____ _____		_____ _____ _____	
AMOUNT: NUMBER _____ X Individual Cost @ _____ = Total \$ _____			
This is your authorization to charge the School Board of Pinellas County for the purchase of accommodation by common carrier.			
_____ Director of Accounting		_____ Date	

Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the expenses requested will be on official business of the School Board of Pinellas County and will be performed for the purpose stated above.

APPROVAL(S) _____ and _____
Immediate Supervisor Signature Date Expense Authorizer Signature Date

REFERENCE LINE	FUND	GENERAL LEDGER	FUNCTION	OBJECT	COST CENTER	PROJECT	SUB PROJECT	PROGRAM	PAYMENT AMOUNT
				0332					

PLEASE VERIFY THAT FUNDS ARE AVAILABLE BEFORE SUBMITTING FORM TO ACCOUNTING.
PLEASE RETAIN FUNDS IN ACCOUNT STRIP UNTIL PAYMENT IS MADE.
EXPENSE AUTHORIZER PHONE NUMBER: _____