

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).

<b>COMMON CARRIER PURCHASE</b>		<b>TP REQUISITION NO.</b> _____ <small>(Finance Use Only)</small>	
<b>PINELLAS COUNTY SCHOOLS</b>			
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

**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:** \_\_\_\_\_