

TRAVEL REQUEST

School _____

Employee's Name(s): _____

Today's Date: _____

(Must be submitted 5 days prior to leave)

**If more than one employee is listed on this form,
list who will be driving and claiming
reimbursement for mileage:**

Date(s) of Trip _____

Destination: _____

Trip/Name of Workshop _____

ITEMS NEEDING FUNDING (Check all that apply)

Registration Fee * \$ _____

Hotel * (if purchase orders are accepted) \$ _____

Mileage Reimbursement (Personal Automobile) \$ _____
.575 cents per mile Estimate

Meals [reimbursed if staying overnight only] \$ _____
[Actual Receipts required for reimbursement] Estimate

Other \$ _____
Estimate

TOTAL

\$

NOTE: Upon APPROVAL of this trip:

Items in **BOLD** print must be accompanied with a completed purchase requisition and the appropriate documentation – copies of registration forms, hotel confirmations, airline itineraries, etc. Items in *italicized* print may be submitted for reimbursement **after the trip** using a **DISTRICT TRAVEL VOUCHER FORM.**

Per board policy, meals will be reimbursed by actual receipts only up to daily maximum allowable meal reimbursement allowance if staying **overnight only.**

In State = \$46.00, Southaven \$51.00

Out of State view chart at:

www.dfa.state.ms.us/Purchasing/Travel/convertedrates.pdf

* Check requests are subject to deadlines.

FUNDING SOURCE -- PRINCIPAL/DIRECTOR SHOULD MARK FUNDING SOURCE

(Must check one)

No Cost

Title I

Title II (includes Eisenhower)

Special Education

Food Service

District _____

Other (Specify) _____

Principal's/Supervisor's Signature: _____ Date: _____

Federal Program Director's Signature (if applicable): _____ Date: _____

Special Education Director's Signature (if applicable): _____ Date: _____

Superintendent's Signature _____ Date: _____

Revised 2-1-19