

# TRAVEL REQUEST

School \_\_\_\_\_

Employee's Name(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

(Must be submitted 5 days prior to leave)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) \$ \_\_\_\_\_  
**.54 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 = \$41.00

Out of State view chart at:

[www.dfa.state.ms.us/Purchasing/Travel/convertedrates.pdf](http://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: \_\_\_\_\_