

**WALTHALL COUNTY SCHOOL DISTRICT**

814 Morse Ave.  
Tylertown, MS 39667

J. Bradley Brumfield, Ed.D.  
Superintendent of Education

Phone: 601-876-3401  
Fax: 601-876-6982

Date of Request: \_\_\_\_\_ Person Completing Request: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Description/Title of Trip/Meeting/Training/Etc.: \_\_\_\_\_

Professional Purpose/Benefit: \_\_\_\_\_

Facilitator/Sponsor: \_\_\_\_\_ Attendance required? (check one) Yes No

Employee's Name(s):

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

**ITEMS NEEDING FUNDED:** (Check all that apply)

- Registration Fee \*** \$ \_\_\_\_\_
- Hotel \$ \_\_\_\_\_
- Mileage Reimbursement (Estimated)* \$ \_\_\_\_\_
- Meals* (reimbursed if staying overnight only) \$ \_\_\_\_\_  
(*\$30/night; no receipts required*)
- Other* \$ \_\_\_\_\_  
Estimate
- Total \$ \_\_\_\_\_

**NOTE:** Upon APPROVAL of this travel, items in **BOLD** print must be completed with a purchase requisition and the appropriate documentation – copies of registration forms, hotel confirmations, etc. Items in *Italicized* print may be submitted for reimbursement after the trip using an appropriate **TRAVEL CLAIM** form.

\*Check requests are subject to deadlines.

**FUNDING SOURCE:** (Must check one) *PRINCIPAL/DIRECTOR SHOULD MARK FUNDING SOURCE*

- No Cost
- Federal \_\_\_\_\_
- District \_\_\_\_\_

*Note: This form must be completed and submitted three at least three (3) working days prior to requested travel. Request for reimbursement, to include hotel receipts, must be filed within seven (7) working days after the completion of the travel. All travelers understand that they may be required to share information from their professional learning experience with other staff members, as appropriate.*

Approved: \_\_\_\_\_  
Signature of Principal/ Supervisor

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Signature of Superintendent

Date: \_\_\_\_\_