

WALTHALL COUNTY SCHOOL DISTRICT

814 Morse Ave.
Tylertown, MS 39667

Wade L. Carney
Superintendent of Education

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

School: _____ Date of Request : _____ Date(s) of Travel: _____

Person Completing Request: _____ Destination: _____

Description of Trip/Event/Etc.: _____ # of Students Traveling: _____

Facilitator/Sponsor: _____ Grade level(s) of students: _____

Transportation: Bus Other (please explain) _____

Describe Educational Purpose/Benefit: _____

Name of Employee(s) that will travel along with students:

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: ___ Activity Fund ___ Other _____

Note: Student travel is considered at each monthly Board Meeting. This form must be completed and submitted seven (7) working days prior to each monthly Board Meeting (see calendar on district website for meeting dates). 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.

Signature of Person Completing Request

Approved: _____
Signature of Principal/ Supervisor

Date: _____

Approved: _____
Signature of Superintendent

Date: _____