

WALTHALL COUNTY SCHOOL DISTRICT

814 Morse Ave.
Tylertown, MS 39667

Wade L. Carney
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: _____