



Holmes County Consolidated School District of Transformation  
Lexington, Mississippi 39095

P.O. Number
Date:

### Request for Travel

Name: \_\_\_\_\_

Employee I.D. Number: \_\_\_\_\_

School/Division: \_\_\_\_\_

Job Responsibility: \_\_\_\_\_

**A. Purpose of Request:**

Meeting/Activity: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

**B. Estimate of Expenses:**

**Out of state travel allowances will be based on most efficient method of travel (driving vs flying).**

Method of Travel     District Vehicle     Personal Vehicle     Airplane     Other

Automobile Mileage (@.585 per mile- Number of miles: \_\_\_\_\_)..... \$ \_\_\_\_\_

Airplane Ticket (Tourist Rate) ..... \_\_\_\_\_

Conference Registration ..... \_\_\_\_\_

Meals (Daily rate: Per Federal Register) .....(Rate: \_\_\_\_\_) x (No. of Nights Stay \_\_\_\_\_)..... \_\_\_\_\_

Lodging (Hotel/Motel) ..... \_\_\_\_\_

Other Expenses (Itemize) ..... \_\_\_\_\_

TOTAL ESTIMATE OF EXPENSES ..... \$ \_\_\_\_\_

**C. Substitute Required:**     YES     NO    Number of days: \_\_\_\_\_    Board Approved: \_\_\_\_\_

**D. Advancement:**

Out-of-State (Must have school board approval prior to trip).

In-State (Must include overnight stay).

No advancement requested (Approval Only)

	Account Number	Amount
00		
01		
02		

**E. Signatures:**

Signature of the Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Director: \_\_\_\_\_ Date: \_\_\_\_\_

District Level:

Denied

Approved    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reimbursement is based on documented expenses incurred. All advances must be reconciled within 5 days following trip.**