

**WASHINGTON CO BOARD OF EDUCATION**  
**REQUEST TO TRAVEL**

**Employee Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Professional Development Activity:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Dates Requested for Travel:** \_\_\_\_\_

**Estimated Expenses:** (Itemized receipts, not credit card receipt, from restaurant/hotel must be attached to reimbursement from before payment can be made.)

Meals.....		\$ _____
Mileage: _____ miles x 57.5/mile.....		\$ _____
Parking .....		\$ _____
Lodging: _____ nights @ \$ _____/night.....		\$ _____
Other (Explain): _____		\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

Notes: Conference documentation (agenda, certificate, etc.) must be attached to reimbursement form. Meal reimbursements: \$15/day maximum (one day workshop) and \$30 per day maximum (overnight conference). **MUST** include itemized hotel and food receipts. Gratuities not reimbursed. Valet Parking not reimbursed. Room service fees not reimbursed (must have itemized receipts).

**ACIP Goal #** \_\_\_\_\_ **Activity #** \_\_\_\_\_

**ACIP Goal Not Applicable** \_\_\_\_\_

Expenses to be paid from:

_____ State Professional Development	_____ Career Technical
_____ Rural Schools (Title VI)	_____ ARI (Alabama Reading Initiative)
_____ Title I	_____ Title II
_____ 21 <sup>st</sup> CCLC	_____ Other _____

Federal Programs Coordinator \_\_\_\_\_ SPE Coordinator \_\_\_\_\_ General \_\_\_\_\_

Federal Programs Bookkeeper \_\_\_\_\_ Funding Code \_\_\_\_\_

**PDL Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_