

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 .56/mile	\$ _____
Parking	\$ _____
Lodging: _____ nights @ \$ _____/night.....	\$ _____
Other (Explain): _____	\$ _____
TOTAL	\$ _____

Employee Signature _____
Date

Notes: Conference documentation (agenda, certificate, etc.) must be attached to reimbursement form. Meal reimbursements: \$25/day maximum (one day workshop) and \$50 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 st CCLC	_____ Other _____

Federal Programs Coordinator _____ SPE Coordinator _____ General _____

Federal Programs Bookkeeper _____ Funding Code _____

PDL Signature _____ **Date:** _____

Principal Signature _____ **Date:** _____

Superintendent's Signature: _____ **Date:** _____

