



Clarksdale Municipal School District

Office of Federal Programs

Dr. Kristi Harris, Director

Request for Travel

\_\_\_\_\_ request permission to attend \_\_\_\_\_

(Employee Name)

(Conference or Workshop Name)

at \_\_\_\_\_ . Type of Activity: ( ) Conference ( ) Workshop

( ) Other \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

FUNDS REQUESTED SECTION

Registration Code: \_\_\_\_\_ 900 \_\_\_\_\_ -000-810- \_\_\_\_\_ - \_\_\_\_\_ Cost\$ \_\_\_\_\_

(Fund) (Function) (School) (Mod)

Lodging Expense Code: \_\_\_\_\_ 900 \_\_\_\_\_ 000-580- \_\_\_\_\_ - \_\_\_\_\_ Cost\$ \_\_\_\_\_

(Fund) (Function) (School) (Mod)

Meals Expense Code: \_\_\_\_\_ 900 \_\_\_\_\_ 000-580- \_\_\_\_\_ - \_\_\_\_\_ Cost\$ \_\_\_\_\_

(Fund) (Function) (School) (Mod)

Travel Expense Code: \_\_\_\_\_ 900 \_\_\_\_\_ 000-580- \_\_\_\_\_ - \_\_\_\_\_ Cost\$ \_\_\_\_\_

(Fund) (Function) (School) (Mod)

Mode of Travel: Rental Car \_\_\_\_\_ Plane \_\_\_\_\_ Personal Car \_\_\_\_\_ Bus \_\_\_\_\_ No Cost \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature) (Date) (Supervisor Signature) (Date)

\_\_\_\_\_  
(Fund Bookkeeper Signature) (Date) (Superintendent Signature) (Date)

Copies of the registration form, agenda, and conference description must be attached to this request.

THIS FORM MUST BE SUBMITTED AT LEAST ONE MONTH PRIOR TO THE EVENT.