

**WALTHALL COUNTY SCHOOL DISTRICT**  
814 Morse Ave.  
Tylertown, MS 39667

J. Bradley Brumfield, Ed.D.  
Superintendent of Education

Phone: 601-876-3401  
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School: \_\_\_\_\_ Date of Request : \_\_\_\_\_ Date(s) of Travel: \_\_\_\_\_

Person Completing Request: \_\_\_\_\_ Destination: \_\_\_\_\_

Description of Trip/Event/Etc.: \_\_\_\_\_ # of Students Traveling: \_\_\_\_\_

Facilitator/Sponsor: \_\_\_\_\_ Grade level(s) of students: \_\_\_\_\_

Transportation:  Bus  Other (please explain) \_\_\_\_\_

Describe Educational Purpose/Benefit: \_\_\_\_\_

**ATTACH list of all STUDENTS traveling and list name of all EMPLOYEE(S) that will travel along with students:**

\_\_\_\_\_  
\_\_\_\_\_

**ITEMS NEEDING FUNDED:** (Check all that apply)

- Registration Fee \*** \$ \_\_\_\_\_
- Hotel* \$ \_\_\_\_\_
- Mileage (Estimated)* \$ \_\_\_\_\_
- Meals* (reimbursed if staying overnight only) \$ \_\_\_\_\_  
(*\$44.25/travel day; \$59/non-travel day; 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: \_\_\_ Activity Fund \_\_\_ Other \_\_\_\_\_

*Note: Student travel is considered at each monthly Board Meeting. This form must be completed and submitted seven (7) working days prior to each monthly Board Meeting (see calendar on district website for meeting dates). 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.*

\_\_\_\_\_  
Signature of Person Completing Request

**Approved:** \_\_\_\_\_  
Signature of Principal/ Supervisor

Date: \_\_\_\_\_

**Approved:** \_\_\_\_\_  
Signature of Superintendent

Date: \_\_\_\_\_