

## Nottoway County Public Schools Travel Request Form

To: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Principal/Supervisor

From: \_\_\_\_\_

Name of Meeting/Conference: \_\_\_\_\_

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

Brief Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Travel:            From: \_\_\_\_\_            To: \_\_\_\_\_

<b>Registration</b>	#      Person(s) @	\$
<b>Lodging</b>	Name of Hotel:	
	Location:	
	Costs:            Nights @	\$
<b>Meals</b>	Total Estimated Costs:	\$
<b>County Car</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Please contact the Transportation Department at 292-5621 to confirm date and time to pick up. (Please note if car is unavailable _____)	
<b>Private Car</b>	(If county car is available and not used, mileage will not be reimbursed unless approved by Director of HR/Operations. Round Trip Miles: _____ Estimated Cost @.535 per mile:	\$
<b>Tolls/Parking</b>	Estimated Tolls/Parking:	\$
<b>Airfare</b>	Round Trip Fees (including luggage costs)	\$
<b>Totals</b>	<b>Total Estimated Cost</b>	<b>\$</b>

**APPROVALS (one box must be checked to be approved and reimbursed)**

To be paid for by school (circle one) **BES BPS CPS NIS NMS NHS** (This will not be reimbursed by SBO)

To be paid for by central office funds in budget code: \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Director of Grants (if paid from grant funds)

\_\_\_\_\_  
Director of Finance

\_\_\_\_\_  
Director of Human Resources/Operations

*Note: See back of this form for guidelines of travel reimbursement*