

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: _____

Registration	# Person(s) @	\$
Lodging	Name of Hotel:	
	Location:	
	Costs: _____ Nights @	\$
Meals	Total Estimated Costs:	\$
County Car 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 _____)	
Private Car	(If county car is available and not used, mileage will not be reimbursed unless approved by Assistant Superintendent. Round Trip Miles: _____ Estimated Cost @.54 per mile:	\$
Tolls/Parking	Estimated Tolls/Parking:	\$
Airfare	Round Trip Fees (including luggage costs)	\$
Totals	Total Estimated Cost	\$

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

Assistant Superintendent

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