

## Nottoway County Public Schools Travel Request Form

Employee: \_\_\_\_\_ Conference Title: \_\_\_\_\_  
 Position: \_\_\_\_\_ Conference Date(s): \_\_\_\_\_  
 School/Location: \_\_\_\_\_ Conference Location: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Number of Travel Days: \_\_\_\_\_

**Note: Conference Information/Agenda to support this request must be attached for approval.**

<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 Finance. Round Trip Miles: _____ Estimated Cost @ .58 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>

Person	Approval Signatures	Date
Employee		
Principal/Supervisor		
Director of Grants		
Director of Exceptional Educ.		
Director of Human Resources		
Director of Finance		
Superintendent		

**Please check appropriate funding source (one box must be checked for approval/reimbursement)**

- To be paid for by central office funds in budget code: \_\_\_\_\_
- To be paid for by school (circle one) **BPS CPS NIS NMS NHS** (This will not be reimbursed by SBO)