



RANKIN COUNTY SCHOOL DISTRICT TRAVEL PRE-APPROVAL FORM

EMPLOYEE / TRIP INFORMATION

Date School / Department

Name Position / Title

Name of Conference / Training Location

Travel Date Leaving Travel Date Returning

Conference Beginning Date Conference Ending Date

Conference Beginning Time Conference Ending Time

Purpose of Conference / Training

Attach a copy of registration form, agenda and list of attendees

Employee Signature

ESTIMATED EXPENSES

	TRAVEL CARD	REIMBURSEMENT
Registration Fee		
Lodging		
Meals		
Airfare		
Mileage		
Other		
Total Cost		

*Please determine your travel by what is most cost efficient

ACCOUNT AND APPROVAL INFORMATION

Funding Source	Supervisor/Principal	Date
Director of Federal Programs (If Federal Funded)	Assistant Superintendent	Date
Superintendent (Out of State Travel)	Second Supervisor	Date