

JOHNSON COUNTY BOARD OF EDUCATION  
TRAVEL REQUISITION

Name \_\_\_\_\_ Position \_\_\_\_\_

Travel from \_\_\_\_\_ to \_\_\_\_\_

Date/Time \_\_\_\_\_ Return \_\_\_\_\_

Purpose of travel \_\_\_\_\_

TRAVEL EXPENSES

Expenses:	Estimated Charges:	Account to be charged:
Meals		
Lodging		
Mileage		
Air, Bus Train Fare		
Registration Fee		
Misc. Fees		
Car Rental		
<b>Total Cost of Trip</b>		

Traveler's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_