

**COVINGTON INDEPENDENT PUBLIC SCHOOLS
TEMP DUTY FORM
(OVERNIGHT STAY ONLY)**

Should be prepared at least ten (10) working days prior to the date of travel and attached to the eSchool Mall transaction.

Applicant's Name (Print) _____
Date Submitted

School/Location _____
Account Number to be Charged

The actual number of days absent will be _____

I will leave Covington _____ at approximately _____
Month, Day and Year Time

I will return to Covington _____ at approximately _____
Month, Day and Year Time

Name of Conference _____ Location _____
City/State

My attendance at this conference/meeting will directly benefit the school district and myself by:

Estimated Personal Expenses for Which Reimbursement Will Be Requested

Number of Overnight Stays _____	
Transportation: # Miles _____ X .67 cents/mile Other (Plane, etc) _____ (Receipts Required)	\$ _____
Meal Reimbursed (Only When Overnight Stay is Required) at the rate of \$50.00 Per Day (No Receipts Required) \$46.00 per day prior to June 1, 2024	\$ _____
Room: Number of Nights _____ @ \$ _____ (Receipts Required)	\$ _____
Registration Fee: (Invoice Required)	\$ _____
Miscellaneous Expense _____ \$ _____ (Other Tips, etc.) Please List: _____ \$ _____ (Receipts Required) _____ \$ _____	\$ _____
TOTAL ESTIMATED EXPENSE	\$ _____

Applicant's Signature _____
Date

Recommended by Principal/Supervisor _____
Date

Upon return from the conference, complete a Request for Reimbursement Form and send to Accounts Payable within 60 days of return.