

CRAVEN COUNTY SCHOOLS

TRAVEL APPROVAL FORM



NAME:	EVENT NAME:
SCHOOL / DEPT:	DEPARTURE DATE:
EMAIL:	RETURN DATE:
LICENSURE AREA:	LOCATION:
LOCATION:	MODE OF TRAVEL:
EDUCATIONAL OBJECTIVE:	
ATTACHED CONFERENCE/WORKHOP AGENDA OR ITINERARY: ☐	

EXPENSES (Please indicate exact amount requested)

**Breakfast must depart before 6:00am*

**Lunch must depart before 10:00am*

**Dinner must depart before 8:00pm*

SUBSTITUTE REQUIRED:	☐ NO ☐ YES (If yes, indicate number of days substitute is needed for)	# of Days:
MILEAGE:	(Mileage verification is required)	\$ _____
REGISTRATION FEES:	*Advanced payment with a check is preferred	\$ _____
LODGING:	*Advanced payment with a check is preferred	\$ _____
MEALS:	*See above for reimbursement guidelines	\$ _____
OTHER:		\$ _____
TOTAL ESTIMATED COST:		\$ _____

SIGNATURES & FUNDING SOURCES

ACCOUNT CODE

EMPLOYEE SIGNATURE

TITLE

DATE

DIRECTOR / SUPERVISOR APPROVAL

TITLE

DATE

**Do not request a meal reimbursement if a meal is provided with your registration fee*