Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US
OFFICE OF ACCOUNTS PAYABLES

TRAVEL AUTHORIZATION

CHECK ALL APPLICABLE TRAVEL ITEMS REQUESTED:

IN-STATE ☐ OUT-OF-STATE ☐

Employee Name: _____

Dates of Travel: ___/___/___to ___/___/___ Destination: _____

Title of Meeting: _____

Purpose/Benefit of Travel: _____

_____

_____

Total Estimated Cost: $_____Travel Advance Requested: $_____

Budget Account to be charged: _____

Employee Signature: _____Date: _____

Principal/Supervisor's Signature: _____Date: _____

_____Approved _____Denied: _____
(Reason)

Business Manager's Signature: _____Date: _____

_____Approved _____Denied: _____
(Reason)

Superintendent's Signature: _____Date: _____

Detailed Expense Worksheet

	ESTIMATED COST
Air	$_____
Meals (___Days @ $68.00 per Day)	$_____
Lodging (___Days @ $____/Day)	$_____
Registration	$_____
Rental (___Days @ $____/Day)	$_____
Mileage (____Miles @ $0.70 per mile)	$_____
Other _____	$_____
TOTAL	$_____