

Tuscumbia City Schools

Professional Development/Travel Approval

(Please submit all travel requests at least 7 days prior to travel)

MEETING/EVENT INFORMATION:

Employee's Name: _____ Date: _____

Date(s) of Requested Leave: _____

Nature of Leave (Must attach brochure, pamphlet, or agenda): _____

Location of Event (City/State): _____

Meeting/Event is – Required: _____ Optional: _____

ESTIMATED EXPENDITURES:

Registration: \$ _____

Travel: \$ _____

Lodging: \$ _____

Meals (Limits: Breakfast \$15, Lunch \$25, Dinner \$35): \$ _____

(Tips not to exceed 20% and are included in limit amounts. No Meal Allowances may be claimed if a meal is included in conference registration.)

Substitute (\$121.50 full-day, \$60.75 half-day): \$ _____

Other (parking, tolls, etc.): \$ _____

TOTAL ESTIMATED COST: \$ _____

FUND TO BE CHARGED:

Account for Sub: _____

Account for Travel: _____

REQUIRED SIGNATURES:

Employee *(required)*: _____ Date: _____

Principal/Supervisor *(required)*: _____ Date: _____

Athletic Director *(if applicable)*: _____ Date: _____

Central Office Director *(if applicable)*: _____ Date: _____

CSFO *(if applicable)*: _____ Date: _____

Superintendent *(required)*: _____ Date: _____