



# ITAWAMBA COUNTY SCHOOL DISTRICT TRAVEL REQUEST

Complete the form in full and submit to your principal/director to request board approval for travel. All district travel must be board approved to be reimbursed. Please attach an agenda or event page along with this request form.

Employee Name	School/Location	Position	Travel Dates

**Destination:**

**Purpose of Travel:**

Type of reimbursement you will be requesting: (check all that apply)

- Mileage       Hotel       Meals       Registration

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Principal Signature

\_\_\_\_\_  
Date

Central Office Use Only:

\_\_\_\_\_  
Board Approval Date