WILKINSON COUNTY SCHOOL DISTRICT

Walter L. Atkins Jr., Superintendent

488 Main Street * Woodville, MS 39669 * (601) 888-3582

REQUEST TO ATTEND OUT-OF-DISTRICT WORKSHOP

Name:			Date:		
Address:			Phone #:		
Location of Workshop:			Date (s) of Workshop:		
Title/Purpose of Workshop / Activity:					
Funding Source:	□ District Maintenance	□ Federal Programs or □ Special Services	□ School Activity	□Vocational	□ Grant or □ Other

ESTIMATE OF EXPENSES: (Include **all expenses,** reimbursable and/or paid by the District, for the trip.)

EXPLANATION OF EXPENSES	***COST***
Transportation: _____ miles @ .725 per mile □ School Vehicle □ Personal Vehicle □ Riding with_____	$
Lodging (Hotel/Motel) [**Request the state rate]**	$
Meals (**Do Not** include meal if part of registration fee) [Meals $59 per day] $14 Breakfast $15 Lunch $30 Dinner	$
Conference/Workshop Fees	$
Other Expenses (Other travel [airplane, taxi, etc.], parking, etc.)	$
TOTAL ESTIMATE OF EXPENSES	$

This request to attend an out-of-district workshop is hereby: □ **Approved** □ **Not Approved**

The signature of the program director/coordinator is required if the cost is to be paid from federal, special services, vocational, or grant funds.

_____ Signature of Employee

_____ Signature of Program Director/Coordinator

_____ Signature of Principal/Immediate Supervisor

_____ Signature of Superintendent

Revised 7/2/2026

WILKINSON COUNTY SCHOOL DISTRICT

Professional Development Commitment Form

District Reimbursement

Registration, Hotels and Transportation Fee for District Employees

This agreement is made and entered into as of the dates indicated below, by and between

_____	_____	_____
Last Name	First Name	Employee #

(employee), and the Wilkinson County School District (employer), with the employee having been duly elected and approved for employment by the school board of the employer.

The agreement provides:

That the employee will commit to attend the _____ workshop/conference in _____ as scheduled or be required to repay the Wilkinson County School District the amount of the non-refundable registration, hotel, and transportation fee, $_____, which was purchased by the district in his or her name.

In the event of the breach of this agreement, including the employee's failure to complete the school term, the Wilkinson County School District reserves the right to collect all nonrefundable registration, hotel, and transportation fees paid on behalf of the employee, as well as, the right to withhold the said amount of non-refundable registration, hotel, and transportation fees from any other payments due to the employee from the district.

This agreement shall be subject to all applicable policies, resolutions, rules and regulations of the employer and the laws of the State of Mississippi.

This agreement to reimburse the employer for failure to attend a meeting/conference requiring a registration, hotel, and transportation fee, which was paid by the employer on behalf of the employee, has been executed in duplicate on the dates indicated as witnessed by the signature of the employee and the duly authorized superintendent or designee.

_____	_____
Superintendent or Designee	Employee
_____	_____
Date	Date

Wilkinson County School District
Walter L. Atkins Jr., Superintendent of Education
488 Main Street / Post Office Box 785
Woodville, MS 39669

Voucher For Reimbursement of Expenses Incident to Official Travel

Payee Information

To: _____

_____

Address: _____

Conference and Travel Location

_____

_____

_____

RECORD OF PAYMENT

Date: _____

Req No. _____

Check No. _____

Fund _____

For mileage for privately owned automobile used by me for transportation, and for reimbursement for subsistence (meals and lodging) and other expenses paid by me in the discharge of official from _____, 20 _____ to _____, 20 _____ as per itemized statement within.

Amount Claimed			Amount Due (As Per Office Verification)		
For	**Dollars**	**Cents**	**For**	**Dollars**	**Cents**
Subsistence (Meals) Breakfast $13 Lunch $15 Dinner $31					
Travel (by Automobile) .725 rate updated 1.1.2024					
If District Vehicle available (opt out) .21 rate updated 1.1.2024					
Travel (by Public Carrier)					
Other Expenses					
Total			**Amount Verified Correct For**		

Subject to any differences determined by verification. I certify that the above amount claimed by me for travel expenses for the period indicated is true and just in all respects, and that payment for any part thereof has not been received.

Approved for payment: Payee: _____

_____ Title _____ Verified by _____

Date Date

PENALTY FOR PRESENTING FRAUDULENT CLAIM. - Fine of not more than $250.00; civilly liable full amount received illegally; and in addition, removal from the office or position held by the person presenting such claim. (See Section 10 of H.B.: No. 223, Mississippi Laws of 1950.)

ACCOUNTING CLASSIFICATION (for completion of Administrative Office)					
APPROPRIATION AND/OR COST ACCOUNT			OBJECTIVE OR PROJECT CLASSIFICATION		
SYMBOL OR TITLE	AMOUNT		SYMBOL OR TITLE	AMOUNT	

STATEMENT OF TRAVELING EXPENSE INCURRED BY _____ **FROM** _____, **20** _____ **TO** _____, **20** _____

STATEMENT OF COST OF MEALS AND LODGING										STATEMENT OF TRAVEL BY MOTOR VEHICLE OR CARRIER							
Date	MEALS $14 Breakfast		$15 Lunch		$30 Dinner		Hotel Room	Daily Total	Place where Expense Incurred	Date	Points of Travel From	To	Miles Miles	Motor Vehicle Mileage Amt	Flight/ Rail/Bus	Items	Amount
Total																	
Total subsistence (Carry to Page 1)										Total Amount (Carry to Page 1)							

Wilkinson County School District

Walter L. Atkins, Jr, Superintendent of Education

Carmella Scott, Federal Programs Director

Travel Packet Checklist

Staff Name/Conference or Workshop: _____

- Federal Programs Travel Approval Form
- Leave form
- Request to attend out-of-district workshop
- Registration
- Requisition for registration
- Purchase Order #_____
- Claim form for Hotel
- General Ledger Code: _____
- Principal/Superintendent Approval
- Federal Programs Director Approval
- Proof of attendance
- Invoice for Registration
- Entered into Accounting System (Marathon) for payment
- District Claim Form for Reimbursement for meals and travel
- Meal Receipts
- Mapquest

Check Date:_____	Check Number:_____
Check Date:_____	Check Number:_____

Revised 7/9/26

Wilkinson County School District

Walter L. Atkins, Jr, Superintendent of Education

Carmella Scott, Federal Programs Director

Federal Programs Travel Approval Form

School	Budget	Registration Cost/person

Conference/Workshop	Destination	Date(s)

Please provide 1-2 sentence answers below.

1. Describe in detail how the professional development aligns with the current needs identified in your School/District Plan. Identify the specific goal(s).

2. Describe your strategies for the redelivery of the professional development. Include timelines and documentation of redelivery.

3. Describe your method of ensuring classroom implementation of the activities/strategies. Include examples of how implementation will be documented.

Attendee's Name	Position	Grade Level/Subject