

DeSoto County Schools Federal Programs Department Title Travel Requisition

List the appropriate fund: _____

Title _____

A conference agenda must be submitted with your Title Requisition before we can move forward with processing your request.

<u>Participant Information:</u>			
Name: _____		School: _____	
Email: _____		Position: _____	
		@dcsms.org	
<u>Conference/Workshop Information:</u>			
Complete Name of Conference or Workshop: _____ (No Acronyms)			
Site of Conference or Workshop: _____			
Address of Site: _____			
Beginning Date	Ending Date	Starting Time	Ending Time
_____	_____	_____	_____

Registration Needed: NO YES

Please attached a completed registration form, if available on conference website.

Cost

Registration	Vendor Name:				Registration amount:
	Vendor Payment Address:				\$
	Vendor Telephone #	Vendor Fax #			Membership dues:
	Username & Password	Vendor Website			\$

Check-In Date: _____

Check-Out Date: _____

Rooming with another person (list name): _____

Hotel Accommodations	#1 Preferred Hotel Name:				Cost per night	X 20% tax
	Address:				\$	
	Telephone #	Fax #			(# of nights)	
					=	
	#2 Preferred Hotel Name:				Cost per night	X 20% tax
	Address:				\$	
Telephone #	Fax #			(# of nights)		
				=		

Airline Reservation

Needed: NO YES

Air Transportation	Name, as listed on driver's license:				\$
	Date of Birth: (MM/DD/YYYY)	Cell Phone Number:			

Prearranged Expenses Subtotal

\$

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Reimbursable Expenses	Meals	Meal Rates: <small>https://view.officeapps.live.com/office.aspx?src=https%3A%2F%2Fwww.gsa.gov%2Fsystem%2Ffiles%2Ffiles%2FFY2024_PerDiemMasterRatesFile.xlsx&wdOrigin=BROWSELINK</small> Daily Rate _____ X # of days, including days you leave & return _____		\$
		Food tips (amount of tip must be indicated on each receipt - up to 20%)		\$
		1) Itemized receipts must be submitted to receive reimbursement. Ex: Hamburger \$5.50, Fries \$1.50, Sprite \$2.00 2) Meal receipts with Alcoholic beverages listed on them will NOT be reimbursed. 3) Meals within 50 miles of DeSoto County will NOT be reimbursed. (This includes purchases at Memphis Int'l Airport)		
	Transportation	County Vehicle Reserved: ___ yes ___ no		
		Personal Vehicle <small># of miles (round-trip)</small> _____ or .655 <small>or .22/mile</small>	Driving instead of flying & receiving plane ticket cost reimbursement <input type="checkbox"/>	\$
		Public Transportation: Includes Uber, Lyft, Shuttle, Taxi, etc.		\$
	Miscellaneous	1) Checked luggage (1 bag/flight) Standard is \$30/bag each way		\$
		2) Transportation tips (shuttle- up to \$5/ride, taxi- up to 20% of total fare, valet parking- up to \$5/day)		\$
		3) Bellman tips- \$1-2/bag is acceptable		\$
		4) Hotel internet access		\$
5) Parking (hotel and/or airport) Airport parking is limited to Economy Parking @ \$9 a day.		\$		

****You can only be reimbursed for what you requisition.****

Reimbursable Expenses Subtotal	\$
Prearranged Expenses Subtotal (from bottom of page 1)	\$
Total Expenses Requested	\$

1.) Explain how the focus of this workshop / conference is aligned with your school's or the district's ongoing PD plan.

2.) Explain your plan for sharing information gathered at this conference with your colleagues and provide a proposed date. Follow-up documentation should be submitted to your administrator within 6 weeks of returning from the workshop/conference. Documentation should be filed in your school's black box.

Please Read and Verify your agreement with your initials on all 5 lines.

- 1) _____ I understand I will be responsible for any non-refundable travel expenditures (and/or professional development courses) paid by DCS Federal Programs if I do not attend, complete, or if I cancel anypart.
- 2) _____ If I am unable to attend, I understand it is my responsibility to contact the DCS Federal Programs department as soon as possible PRIOR to the conference.
- 3) _____ This activity is not required by federal, state, or local laws.
- 4) _____ Participation in this activity was not previously funded by non-federal monies.
- 5) _____ By initialing, I understand that all required sessions at this conference (and/or courses) must be attended/completed.

Signature of Teacher/Attendee

Date

Signature of Principal

Date

Signature of Federal Programs Director

Date

Signature of Academic Superintendent (If Applicable)

Date

Signature of Chief Financial Officer (If Applicable)

Date