

PICKENS COUNTY BOARD OF EDUCATION
LEAVE AND/OR REIMBURSEMENT REQUEST

I request approval for the following leave:

Destination _____

Purpose _____

Approximate Departure _____ Approximate Return _____
(date and time) (date and time)

Reimbursement requested: _____ NO _____ YES

If yes, answer the following:

Estimated number of miles round trip (if applicable) _____

Other estimated expenses (specify type and amounts): _____

****NOTE: 3rd Party Hotel Bookings are not allowed you will need to book directly with the hotel.**

Employee Signature _____

Curriculum Specialist Signature _____

Approved _____
(Principal/Supervisor)

Date _____

Comments:

Leave Approved: _____ Yes _____ No
Reimbursement Approved: _____ Yes _____ No

Source of funding:

- _____ Local School Funds
- _____ Board of Education
- _____ CNP
- _____ ESSER
- _____ General Fund
- _____ IDEA-Part B
- _____ Perkins
- _____ State PD
- _____ Title I
- _____ Title II
- _____ Title VB
- _____ Other (Specify)

(Superintendent or designee)

Date

For any trip of one day or more, or any trip for which reimbursement is requested, this form must be completed and approved prior to trip. It should be completed in duplicate, and the approved form should be attached to travel voucher and receipts for which reimbursement is claimed.