

FROM: Mrs. Dixie Pogue

DATE: July 28, 2025

SUBJECT: Updated Travel Procedures

These procedures shall be followed for all travel.

- Pre-Approval Form and Procedures. Pre-Approval forms must have all signatures no later than **TWO WEEKS (FOUR WEEKS if overnight stay is involved)** prior to the trip. Please note that the Superintendent will also sign the travel forms. Be sure to complete the Projected Fees section on your form. **Failure to submit a Pre-Approval form for necessary budget review may result in no reimbursement for travel expenses.** It is **YOUR** responsibility to make sure the form is sent to the Federal Programs office.
- Pre-Approval Forms will be returned to you indicating if the expense will be approved, allowing you to complete your travel arrangements.
- Policy GBRF. Reimbursement for meals is up to \$59 per day for overnight travel (you must attach itemized receipts; if your receipt is not itemized, you will NOT receive reimbursement). Alcoholic beverages are not reimbursable. Mileage is \$.70/mile but these rates are subject to change during the year. If the rates change, your bookkeepers will be notified and the forms will be updated on the website.
- Submit google maps directions from your house to the conference address and from your school to the conference address. You will be reimbursed for the shorter of the two.
- **NEW HOTEL PROCEDURE:** In order to avoid paying tax on hotels, you will need to book your room directly with the hotel (NO third party booking). Inform them that it will be tax exempt and find out what their policy is on paying with a school check. A check will either have to be mailed to them (most require it two weeks prior to the stay) or you will take the check with you. Email a copy of your reservation confirmation to the appropriate bookkeeper.
- Travel Expense Reports shall be completed, signed by the building administrator, and forwarded to the appropriate bookkeeper by the end of the month that you traveled. Failure to do so may delay your reimbursement. Travel expense reports shall include the agenda of the meeting (or badge from the conference), zero-balance hotel receipt, google maps, itemized meal receipts and Professional Development sheet.
- Professional Development Form is to be completed for every professional development activity attended outside Webster County Schools. Please attach the completed form with your Travel Expense Report. A copy of this form should be kept on file in each school office to verify additional professional development and release time from school to attend these activities.
- **The travel form and the preapproval for travel forms are also on the Webster County School District webpage.**

Thank you for your compliance with this procedure.

Webster County School District  
Pre-Approval  
**TRAVEL AUTHORIZATION REQUEST**

EMPLOYEE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHING AREA/GRADE: \_\_\_\_\_

NAME OF CONFERENCE: \_\_\_\_\_

DATE(S) OF CONFERENCE: \_\_\_\_\_ CONFERENCE LOCATION: \_\_\_\_\_

WAYS YOU FEEL THIS CONFERENCE WILL BENEFIT YOU: \_\_\_\_\_

*(If requesting pre-payments/advanced checks, this request must include a copy of conference pre-registration information, hotel information, etc.)*

**Projected fees associated with conference**

Registration Fee: \_\_\_\_\_

Hotel Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

If the employee is unable to attend the conference/meeting as requested, the employee is responsible for repayment of all expenses incurred by the school district on his/her behalf. By signing below, you are indicating that you agree to these terms.

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

\_\_\_\_\_  
Date

**(FOR SCHOOL USE ONLY)**

\_\_\_\_ APPROVED      \_\_\_\_ DENIED

\_\_\_\_\_  
Signature of Principal      Date

**(FOR CENTRAL OFFICE USE ONLY)**

\_\_\_\_ APPROVED      \_\_\_\_ DENIED

\_\_\_\_\_  
Signature of Superintendent      Date

*This request must be **approved** by the superintendent prior to attending any out of district conference/meeting.*

**(TO BE COMPLETED BY FUNDING SOURCE)**

**Fees or cost will be paid by:**

\_\_ District      \_\_ Sp. Ed.      \_\_ Vo-Tech  
\_\_ Title I      \_\_ Title II  
\_\_ Other (Specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator/Director      Date

# WEBSTER COUNTY SCHOOLS TRAVEL EXPENSE REPORT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

[illegible]

I certify that the amounts listed are the actual expenses incurred.

MILES                      x .70

SIGNATURE OF EMPLOYEE

TOTAL FOR MILES

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## MEALS

## LODGING

## FEES

TOTAL

SIGNATURE OF ADMINISTRATOR

EXPENSES

## Professional Development

### Attended Outside the Webster County School District

Name of Conference/Workshop\_\_\_\_\_

Location of Conference/Workshop\_\_\_\_\_

Date(s) of Conference/Workshop\_\_\_\_\_

Briefly summarize what you  
learned.\_\_\_\_\_

\_\_\_\_\_

Explain how you plan to use this information in your  
classroom.\_\_\_\_\_

\_\_\_\_\_

How do you plan to share this information with other  
teachers?\_\_\_\_\_

\_\_\_\_\_

Additional  
comments:\_\_\_\_\_

\_\_\_\_\_

Signature of Teacher:\_\_\_\_\_

Signature of Principal:\_\_\_\_\_

Date:\_\_\_\_\_