

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

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.