EAST TALLAHATCHIE SCHOOL DISTRICT

WORKSHOP / CONFERENCE & OFFICIAL TRAVEL APPROVAL

FORM 202 | SCHOOL YEAR 2026-2027

411 East Chestnut Street | Charleston, MS 38921 | 662-647-5524 | Fax 662-647-3720 | www.etsd.k12.ms.us

1. REQUESTER & EVENT INFORMATION

EMPLOYEE / TRAVELER NAME	POSITION / DEPARTMENT
SCHOOL / WORK SITE	DATE SUBMITTED
WORKSHOP / CONFERENCE / MEETING TITLE	
SPONSORING ORGANIZATION	LOCATION - CITY, STATE, OR VIRTUAL
DEPARTURE DATE & TIME	RETURN DATE & TIME

TRAVEL TYPE: ☐ In-state ☐ Out-of-state ☐ Virtual / no travel ☐ Other

PURPOSE / BRIEF DESCRIPTION OF EVENT
DISTRICT OR SCHOOL GOAL / LEARNING OBJECTIVE ADDRESSED; HOW LEARNING WILL BE APPLIED OR SHARED

2. TRANSPORTATION, COST ESTIMATE & FUNDING

TRANSPORTATION: ☐ District vehicle ☐ Personal vehicle - mileage requested ☐ Personal vehicle - no mileage ☐ Airfare ☐ Other

STATE-APPROVED MILEAGE REIMBURSEMENT RATE (EFFECTIVE JANUARY 15, 2026) - SELECT ONE

☐ $0.725 PER MILE No district/government vehicle is available.	☐ $0.205 PER MILE A district/government vehicle is available, but the employee uses a personal vehicle.

TRAVEL ORIGIN	DESTINATION	ESTIMATED ROUND-TRIP MILES	ESTIMATED MILEAGE REIMBURSEMENT

ESTIMATED COST ITEM	BASIS / DETAILS	AMOUNT
Registration	Fee / number of registrations	$
Lodging	Number of nights x nightly rate	$
Meals	Overnight travel only; current allowable rate-$68	$
Transportation	Mileage, airfare, rental, fuel, etc.	$
Other	Parking, baggage, local transit, or approved cost	$
Substitute	Number of days x substitute rate	$
	TOTAL ESTIMATED DISTRICT COST	$

FUNDING SOURCE: ☐ District / General ☐ Federal Programs ☐ IDEA / SPED ☐ CTE / Perkins ☐ Child Nutrition ☐ Activity / Local ☐ Other ☐ No District Cost

FUND / PROJECT / ACCOUNT CODE - COMPLETED BY FUNDING MANAGER OR BUSINESS OFFICE	PAYMENT REQUEST

PAYMENT: ☐ Purchase order / district direct-pay ☐ Travel advance ☐ Reimbursement after travel ☐ None

3. REQUIRED SUPPORT & EMPLOYEE CERTIFICATION

ATTACHED: ☐ Agenda / program ☐ Registration documentation ☐ Lodging quote ☐ Map / route ☐ Travel advance worksheet ☐ Out-of-state board packet ☐ Other

I certify that this request is for official ETSD business and that the information and estimates are accurate. I understand that travel is not authorized until this form is fully approved; no purchase or reservation may bind the District before a purchase order or written authorization is issued. District-sponsored travel is normally limited to two trips per employee per school year unless the Superintendent approves an exception. I will follow ETSD travel rules, return required receipts and unused advances promptly, and share relevant learning with staff when directed.

EMPLOYEE / TRAVELER SIGNATURE	DATE

4. APPROVAL ROUTING

REVIEWER	ACTION	SIGNATURE / PRINTED NAME	DATE	CODE / NOTES
Immediate Supervisor / Building Principal	☐ Approve ☐ Deny ☐ N/A			
Program or Grant Director - if applicable	☐ Approve ☐ Deny ☐ N/A			
Professional Development Coordinator - if applicable	☐ Approve ☐ Deny ☐ N/A			
Superintendent	☐ Approve ☐ Deny ☐ N/A			

OUT-OF-STATE TRAVEL ONLY - BOARD APPROVAL DATE	BOARD MINUTES / AGENDA REFERENCE - ENTERED BY BOARD CLERK