



Benton County School District

Dr. Regina Biggers, Superintendent

231 Court Street - Ashland, MS 38603

Phone: (662) 224-6252 Fax: (662) 224-3607

www.benton.k12.ms.us

Travel Dates: _____ Date Requested: _____	Benton County School District Federal Programs Department Title Travel Requisition (Created April 20, 2022)	Funding Source: _____ Approved by: Principal: _____ Finley: _____
--	---	---

Participant Information:

Name: _____ Email: _____
 School: _____ Position: _____

Conference/ Workshop Information:

Complete Name of Conference or Workshop: _____
(No Acronyms)
 Site of Conference or Workshop: _____
 Address of Site: _____
 Beginning Date: _____ End Date: _____
 Starting Time: _____ Ending Time: _____

Prior To Submission- Staple the **completed conference/workshop registration form** to this request form and submit it to E. Finley.

Upon Approval-The registration form and fee will be submitted for you unless registration is required. You will receive an approved copy of this form back.

Immediately Following the Conference/Workshop-Forward to E. Finley your approved copy of this form, the meeting agenda, Name Tag, and/or Attendance For; and a completed travel form signed. If the overnight stay was approved, attach lodging receipts to the travel form.

Hotel Accommodations Needed: YES <input type="checkbox"/> No <input type="checkbox"/>	Cost Per Night
#1 Preferred Hotel: _____ Address: _____ Phone #: _____	\$ _____
#2 Preferred Hotel: _____ Address: _____ Phone #: _____	\$ _____



Benton County School District

Dr. Regina Biggers, Superintendent

231 Court Street - Ashland, MS 38603

Phone: (662) 224-6252 Fax: (662) 224-3607

www.benton.k12.ms.us

Name of Other Persons sharing Hotel Room: _____

1) Explain how the focus of this workshop/conference is aligned with your teaching or leadership assignment.

Ex

2) Explain your plan for sharing information gathered at this conference with our colleagues and provide a proposed date. Follow-up documentation should be submitted to your administrator within 6 weeks of returning from the workshop/conference. A copy of the documentation should be forwarded to E. Finley.

Ex

Please Read and Verify your agreement with your initials.

_____ I understand I will be responsible for any non-refundable travel expenditures paid by BCDS Federal Programs if I do not attend or if I cancel any part of my reservations. Cases of family or medical emergencies are excused with proper documentation.

_____ If I am unable to attend, I understand it is my responsibility to contact the principal and E. Finley as soon as possible PRIOR to the conference.

_____ This activity is not required by federal, state, or local laws.

_____ Participation in this activity was not previously funded by non-federal monies.