

ITAWAMBA COUNTY SCHOOL DISTRICT TRAVEL REQUEST

Complete the form in full and submit to your principal/director to request board approval for travel. All district travel must be board approved to be reimbursed. Please attach an agenda or event page along with this request form.

Employee Name	School	l/Location	Position	Travel Dates
Destination:				
Purpose of Travel:				
Type of reimbursement yo	ou will be requ	uesting: (check all t	hat apply) Registration	
Employee Signature			Date	
Director/Principal Signatu	 re			Date Date
Central Office Use Only:				
Board Approval Date				