

# Neshoba County School District Trip Request

\_\_\_\_\_  
Type or write Name of School, Office, or Facility

Date Of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Purpose of Trip or Name of Event: \_\_\_\_\_

Estimated Time of Departure: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Time of Return: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Overnight Stay: \_\_\_\_\_ Yes \_\_\_\_\_ No

If overnight will you claim reimbursement for (please circle yes or no)

Hotel: Yes No

Meals: Yes No

Mileage: Yes No

Others traveling with you in the same vehicle:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funding Source: \_\_\_\_\_

Approved: _____	_____	_____
Disapproved: _____	Signature of Supervisor or Principal	Date

Approved: _____	_____	_____
Disapproved: _____	Signature of Federal Prog or Sped Dir.	Date

Approved: _____	_____	_____
Disapproved: _____	Signature of Superintendent	Date

Any request for reimbursements must be attached to this form. NOTE: This form must be completed by the staff member requesting the trip and submitted to the Principal/Director **TWO WEEKS** prior to the trip date. If approved the Superintendent must receive this form no later than **ONE WEEK** prior to the trip date.

*Please mark N/A if not applicable*