



**WILCOX COUNTY SCHOOL SYSTEM**  
**Request for Travel**  
**School Year 20 - 20**

<b>FORM A</b>				Date: _____	
<input type="checkbox"/>	Registration is not required ____ (initials)	Source of Funds:			
<input type="checkbox"/>	Registration form is attached with no fees required ____ (initials)	Estimated Cost:	\$ _____		
<input type="checkbox"/>	Registration form is attached. Send check for registration fees ____ (initials)	Overnight Request:			
<b>PLEASE FORWARD TRIP REQUEST TO THE SUPERINTENDENT'S OFFICE FOR APPROVAL TWO (2) WEEKS PRIOR TO THE EVENT, PENDING AVAILABILITY OF FUNDS.</b>					
<input type="checkbox"/>	Out Of County				
<input type="checkbox"/>	Out-of-State				
Dear Superintendent: This is to request approval of travel for:					
Name:					
Title:		School/Office:			
Purpose:					
I plan to leave: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Office _____					
Date: _____		Time: _____		<input type="checkbox"/> A.M <input type="checkbox"/> P.M	
Travel by: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Air		To: (Place/City) _____			
I plan to return: _____		Date: _____		Time: _____ <input type="checkbox"/> A.M <input type="checkbox"/> P.M	
Justification for above requested travel (Attach Agenda/Program/Letter, etc.) - additional comments below:					
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED		Respectfully submitted:	
Superintendent		Person Requesting Travel			
Date		Principal/Department Head			
		Program Coordinator/Director			
<b>CENTRAL OFFICE USE ONLY</b>					
FUND: _____		G/L: _____			