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REVISED: 08-30-2019

## REQUEST FOR OUT-OF-STATE TRAVEL – FY 2019-20

Date: \_\_\_\_\_

**NOTE:** Requests must be submitted to the Business Office at least three weeks in advance of planned travel. Proof of Conference/ Workshop must be attached.

Employee Making Request: \_\_\_\_\_

Site (circle one):      WFHS      WFMS      BAINS      BLE      FSC      CENTRAL OFFICE

Name of Conference/Workshop: \_\_\_\_\_

Location of Conference/Workshop: \_\_\_\_\_

Date(s) of Conference/Workshop (*include travel dates*): \_\_\_\_\_

<b><u>ESTIMATED COSTS:</u></b>	<b><u>FUNDING SOURCE:</u></b>	<b><u>COMMENTS:</u></b>
<p><b>There are budgeted funds to cover this travel expense (circle one): YES / NO</b></p> <p style="text-align: center;">****    ****    ****    ****    ****</p> <p>Meals/Per Diem    \$ _____</p> <p>Registration Fee    \$ _____</p> <p>Travel / Airfare    \$ _____</p> <p>Mileage (personal)    \$ _____</p> <p>Cab/Shuttle    \$ _____</p> <p>Hotel    \$ _____</p> <p>Parking    \$ _____</p> <p>Other _____    \$ _____</p> <p>_____</p> <p><b>TOTAL    \$ _____</b></p>	<p>_____ General Fund</p> <p>_____ IDEA</p> <p>_____ Title I</p> <p>_____ Title II</p> <p>_____ School Funds</p> <p>_____ Other _____</p> <p>_____</p> <p style="text-align: center;">***    ***    ***    ***    ***</p> <p><b>For reimbursement, <u>original receipts</u> must be submitted with expense report. If any expenses do not have prior approval, payment will be the responsibility of the school/principal/individual.</b></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal/Supervisor

**UPON COMPLETION OF THIS FORM, ATTACH ALL REQUIRED DOCUMENTATION AND ROUTE TO THE CENTRAL OFFICE, ATTENTION: MISTY COOK, BUSINESS MANAGER.**

**FOR CENTRAL OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Business Manager

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

<b>APPROVED:</b>
_____
Date
REF: _____