

**JENKINS INDEPENDENT SCHOOLS**

**ADMINISTRATIVE REQUEST FOR OUT OF DISTRICT TRAVEL**

**TO:** Superintendent, Jenkins Independent Schools

Date Request Submitted \_\_\_\_\_

Date/s Travel is Required \_\_\_\_\_

Activity (Describe in detail the training, conference, etc. for which you are requesting travel funding approval).

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

Estimate of Costs:	Mileage	_____
	Lodging	_____
	Meals	_____
	Fees	_____
	Total	\$ _____

Name of Requesting Individual (Please Print) \_\_\_\_\_

Signature of Requesting Individual \_\_\_\_\_

Budget Code \_\_\_\_\_



Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

**Note:** This form must accompany all claims that contain out of district travel before claim will be paid. Receipts for all fees and meals not Direct Billed must be attached to this form.