



Houston County Schools

STATEMENT OF TRAVEL FOR PROFESSIONAL DEVELOPMENT

Check all that apply below. Fill in blanks provided and attach appropriate documentation.

<input type="checkbox"/>	Fund to be paid from	_____
<input type="checkbox"/>	Title of Workshop or Conference	_____
<input type="checkbox"/>	Dates of Activity	_____
<input type="checkbox"/>	Itemized Receipts attached	
<input type="checkbox"/>	Mileage form attached, if claimed	
<input type="checkbox"/>	Agenda attached	
<input type="checkbox"/>	<i>Approved</i> Professional Leave Form attached	

1. Total miles traveled _____ @ \$0.625 per mile
Total mileage _____

2. Railway Fare _____
 Plane Fare _____
 Bus Fare _____
 Taxi _____
Total Fare _____

3. Lodging (\$250/night) _____
 Meals (\$50/day) _____
 Miscellaneous _____
Total Lodging, Meals, & Misc. _____

GRAND TOTAL _____

This is to certify that the above amount is due and unpaid.

Signature of Claimant _____

Claimant's Printed Name _____

Address _____

City, State and Zip _____

Signature of Principal _____

Signature of Central Office Personnel _____

APPROVED BY _____

Superintendent

Date _____

