



# 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"/>	<b>Approved</b> Professional Leave Form attached	

1. Total miles traveled \_\_\_\_\_ @ \$0.58 per mile  
**Total mileage** \_\_\_\_\_

2. Railway Fare \_\_\_\_\_  
 Plane Fare \_\_\_\_\_  
 Bus Fare \_\_\_\_\_  
 Taxi \_\_\_\_\_  
**Total Fare** \_\_\_\_\_

3. Lodging (\$200/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 \_\_\_\_\_

