



# 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 \_\_\_\_\_ @ \$0.655 per mile  
**Total mileage** \_\_\_\_\_
  
2. Railway Fare \_\_\_\_\_  
Plane Fare \_\_\_\_\_  
Bus Fare \_\_\_\_\_  
Taxi \_\_\_\_\_  
**Total Fare** \_\_\_\_\_
  
3. Lodging (\$350/night) \_\_\_\_\_  
Meals (\$60/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 \_\_\_\_\_

