

## **Houston County Schools**

## STATEMENT OF TRAVEL FOR PROFESSIONAL DEVELOPMENT

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

Fund to be paid from	
Title of Workshop or Conference	
Dates of Activity	
Itemized Receipts attached	
Mileage form attached, if claimed	
Agenda attached	
Approved Professional Leave Form attached	
1. Total miles traveled @ \$0.655 per	r mile
Total mileage	
2. Railway Fare	
Plane Fare	
Bus Fare	
Taxi	
Total Fare	<del></del>
3. Lodging (\$350/night)	
Meals (\$60/day) Miscellaneous	
Total Lodging, Meals <del>, &amp; Misc.</del>	
GRAND TOTAL	
This is to contify that the above apparent is due and you	noid.
This is to certify that the above amount is due and un	paid.
Claimant's Printed Name	
Address	
City, State and Zip	
Signature of Principal	
Signature of Central Office Personnel	
APPROVED BY	
	Superintendent
	Buperintendent

## HOUSTON COUNTY BOARD OF EDUCATION

## **AUTO TRIP SHEET**

For Period: Beginning	Ending	
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Date	Time of Departure	Time Returned	Points Visited, Purposes, & Persons	Miles	Amount Charged
Totals					