



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	

- Total miles traveled _____ @ \$0.625 per mile
Total mileage _____

- Railway Fare _____
Plane Fare _____
Bus Fare _____
Taxi _____
Total Fare _____

- 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 _____

