



District Employee Travel Pre-Approval

Travel for Weakley County Schools employees should be submitted and approved by the appropriate supervisors prior to making travel plans and accommodations.

Employee Name _____ School/Department _____

Travel/Details:

Event/Conference/Training Name: _____

Location: _____ Number of Days: _____

Travel Dates: From _____ To _____

Purpose of Travel (Describe how this supports district/school goals.)

Expected Outcomes (What will improve as a result of this trip?)

Estimated Expenses:

\$ _____ Registration
\$ _____ Lodging
\$ _____ Transportation
\$ _____ Meals

Funding Sources for this travel: (Central Office)

Local Funds _____
Federal Funds _____
Grant Funds _____

Sub Days Required: _____ Days

Paid by: _____ Dept.

Office Use

Travel can be calculated using the guidelines on <https://www.gsa.gov/>. The current mileage rate is _____.

By signing below, I certify that:

- This travel is reasonable, necessary, and aligned with district goals and carpooling when possible
- Costs are allowable under district, state, and federal guidelines (UGG 2 CFR 200)
- This request does not duplicate or supplant other funding sources
- I will follow all district travel policies and procedures
- I will submit required documentation (receipts, conference agenda/proof of attendance) upon returning from the trip

Employee Signature: _____

Date: _____

Principal/Supervisor: _____

Date: _____