

**FRANKLIN COUNTY SCHOOL DISTRICT
TRAVEL REQUEST FORM**

Name _____

Name of Conference _____

Location of Conference _____

Date(s) of Conference _____

Overnight Stay Required Yes _____ No _____

Account Strip (Finance)

Fund	Function	Object	Cost Center	Project	Amount

Estimated Cost

Registration Fee	Per Diem	Meals	Lodging Expenses	Transportation Amount	Sub-Total
Total Cost					

Comments

APPROVALS:

SUPERVISOR _____ DATE _____

FINANCE _____ DATE _____

SUPERINTENDENT _____ DATE _____



Please complete this form in its entirety. An approved travel request form must be attached to travel voucher when requesting reimbursement. Overnight travel will require the approval of the School Board at a regularly scheduled meeting.

Note: Obtain project numbers from the school bookkeeper or the district finance office.