

**FRANKLIN COUNTY SCHOOL DISTRICT  
TRAVEL REQUEST FORM**

NAME \_\_\_\_\_

COST CENTER \_\_\_\_\_

NAME OF CONFERENCE \_\_\_\_\_

LOCATION OF CONFERENCE \_\_\_\_\_

DATE(S) OF CONFERENCE \_\_\_\_\_

OVERNIGHT TRAVEL      YES      \_\_\_\_\_      NO      \_\_\_\_\_

ESTIMATED TOTAL COSTS      \_\_\_\_\_      PROJECT NO.      \_\_\_\_\_

ACCOUNT STRIP (FINANCE) \_\_\_\_\_

**APPROVALS:**

SUPERVISOR      \_\_\_\_\_      DATE      \_\_\_\_\_

FINANCE      \_\_\_\_\_      DATE      \_\_\_\_\_

SUPERINTENDENT      \_\_\_\_\_      DATE      \_\_\_\_\_

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Please complete this form in its entirety. Attach to travel voucher when requesting reimbursement. Overnight travel will require the approval of the School Board at a regular meeting.

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