

FROM: Mrs. Sue Anne Boatman
DATE: January 4, 2021
SUBJECT: Up-dated Travel Procedures

These procedures shall be followed for travel that is paid for by all Federal Funds.

- Pre-Approval Form and Procedures. Pre-Approval forms must have all signatures no later than **TWO WEEKS** prior to the trip. Please note that Mr. Jones will also sign the travel forms. Be sure to complete the Estimated Total Expense on your form. Failure to submit a Pre-Approval form for necessary budget review may result in no reimbursement for travel expenses. It is **YOUR** responsibility to make sure the form is sent to the Federal Programs office.
- Pre-Approval Forms will be returned to you indicating if the expense will be approved, allowing you to complete your travel arrangements.
- Policy GBRF. Reimbursement for meals is up to \$46 per day (you must attach receipts). Alcoholic beverages are not reimbursable. Mileage is .56 but these rates are subject to change during the year. If the rates change, your bookkeepers will be notified and the forms will be updated on the website.
- A roundtrip mileage formula is provided that dictates the mileage that will be reimbursed. (See attached)
- Travel Expense Reports shall be completed, signed by the building administrator, and forwarded to Mrs. Tina Clark by the end of the month that you traveled. Failure to do so may delay your reimbursement. Travel expense reports shall include the agenda of the meeting, hotel receipt, receipts for meals and Professional Development sheet.
- Professional Development Form is to be completed for every professional development activity attended outside Webster County Schools. Please attach the completed form with your Travel Expense Report. A copy of this form should be kept on file in each school office to verify additional professional development and release time from school to attend these activities.
- **The travel form and the preapproval for travel forms are also on the Webster County School District webpage.**

Thank you for your compliance with this procedure.

Webster County School District
Pre-Approval
TRAVEL AUTHORIZATION REQUEST

EMPLOYEE: _____

SCHOOL: _____ TEACHING AREA/GRADE: _____

NAME OF CONFERENCE: _____

DATE(S) OF CONFERENCE: _____ CONFERENCE LOCATION: _____

WAYS YOU FEEL THIS CONFERENCE WILL BENEFIT YOU: _____

(If requesting pre-payments/advanced checks, this request must include a copy of conference pre-registration information, hotel information, etc.)

Projected fees associated with conference

Registration Fee: _____

Hotel Lodging: _____

Meals: _____

Other: _____

TOTAL: _____

If the employee is unable to attend the conference/meeting as requested, the employee is responsible for repayment of all expenses incurred by the school district on his/her behalf. By signing below, you are indicating that you agree to these terms.

Signature of Employee

Date

(FOR SCHOOL USE ONLY)

___ APPROVED ___ DENIED

Signature of Principal Date

(FOR CENTRAL OFFICE USE ONLY)

___ APPROVED ___ DENIED

Signature of Superintendent Date

*This request must be **approved** by the superintendent prior to attending any out of district conference/meeting.*

(TO BE COMPLETED BY FUNDING SOURCE)

Fees or cost will be paid by:

___ District ___ Sp. Ed. ___ Vo-Tech
___ Title I ___ Title II
___ Other (Specify): _____

Signature of Administrator/Director Date

**WEBSTER COUNTY SCHOOLS
ROUND TRIP TRAVEL MILEAGE CHART**

ACKERMAN	40
BILOXI	585
CALHOUN CITY	54
COLUMBUS	110
GOODMAN	140
GRENADA	90
HATTIESBURG	360
JACKSON	270
LOUISVILLE	65
MERIDIAN	210
OXFORD	140
PHILADELPHIA	140
RAYMOND	300
STARKVILLE	70
SOUTHHAVEN	260
TUPELO	120
WINONA	70

Professional Development

Attended Outside the Webster County School District

Name of Conference/Workshop _____

Location of Conference/Workshop _____

Date(s) of Conference/Workshop _____

Briefly summarize what you learned. _____

Explain how you plan to use this information in your classroom. _____

How do you plan to share this information with other teachers? _____

Additional comments: _____

Signature of Teacher: _____

Signature of Principal: _____

Date: _____