Jackson Public Schools (for employees only) Accounts Payable Dept.--Travel AP REF#_____

TRAVEL REQUEST FORM

BUDGET STRING _____ -900- _____ -_____- 580- _____ (Required - Funds Must Be Available)

ESTIMATED COST OF TRIP

WORK LOCATION

WORK # ALTERNATE #

DATES AND LOCATION OF TRAVEL (attach copy of conference brochure)

TRAVEL DATE(S) **From** **To**

PURPOSE

HOTEL RESERVATION: Made by Traveler? Yes No TO BE MADE BY AP STAFF? Yes No

CONFIRMATION #:_____ (Standard Room - two double or one king)

Preference # 1 Address
(must be conference hotel)

Preference #2 Address

Preference #3 Address

REGISTRATION FOR STAFF DEVELOPMENT (WORKSHOPS, SEMINARS, CONFERENCES, TRAINING)

TRANSPORTATION (check mode of transportation)

Airline Train Personal Rental Car (AP s35Td[P)4r)-3(ef)-