

COLUMBUS MUNICIPAL SCHOOL DISTRICT

ESTIMATED COST OF TRAVEL

IN-STATE _____ OUT-OF-STATE _____

This form must accompany your leave request to be processed.

GENERAL INFORMATION

Employee: _____ Location/School: _____

Destination: _____
City _____ State _____

Purpose: _____
Provide name of conference/where it is being held

Date(s): _____

Emergency Info: _____

Hotel, conference location/phone number

ESTIMATED EXPENSES

Registration Fee:..... \$ _____

Meals: \$ _____

Lodging: \$ _____

Travel: miles @ .54 cents/mile \$ _____

Other: \$ _____

TOTAL ESTIMATED COST:

\$

ACCOUNT TO BE CHARGED

(Appropriate account must be charged prior to processing reimbursement)

Source of Funding:

Fund Exp Function Program Object Unit